

William D Rawlings DDS, MSD, MSD. PDC
Christopher Hydo D.D.S. M.S.
And Associates

1200 Garden View Road
Suite 102
Encinitas, California 92024
760-755-4223 dental
760-944-5225 orthodontic

530 Lomas Santa Fe.
Suite H
Solana Beach, California 92075
858-755-4223- dental
858-755-5125- orthodontic

Patient Representative Authorization

_____ **Print Patients Legal Name**

_____ **Date of Birth**

I give permission to the doctors and staff of William D. Rawlings DDS, MSD, MSD, PDC, or Christopher Hydo DDS. MS to discuss information regarding my child's dental/orthodontic health care with the family and members(s)/representative(s) listed below:

_____ Name/Relationship

_____ Name/Relationship

Authorization to receive information on my behalf. Please check below which things you are authorizing us to discuss with family member or representative(s).

- Pick up dental/orthodontic records which include x-rays
- Discuss dental/orthodontic treatment
- Authorize dental/orthodontic treatment
- Discuss Financials
- Schedule Appointments
- Discuss billing and general questions concerning dental insurance

This Authorization will remain in effect:

- ◇ Until the following date(s) _____
- ◇ Indefinitely

Date: _____ **Parent/Guardian Signature:** _____