Dr. Steven G. Kolokithas
300 S. 20th St., Rogers, AR 72758
(479)636-0777
www.symphonydentalcare.com

Please Initial each statement of consent. Fill in information where appropriate, then sign and date below.

1. (____) I authorize the office of Dr. Kolokithas to use my information for those
specified in the Notice of Privacy Practices under Uses of Disclosures of Health Information.
2. (____) I authorize the office of Dr. Kolokithas to contact me (via calling, texting, email) about appointments, financial issues, insurance, referrals, my input/testimonials, general practice communications, promotions, etc., using:
Email:____
Cell Phone: ____
Alt. Phone: ____
3. (____) I authorize Dr. Kolokithas to contact me using Social Media as an Alternative Contact should my other information be inactive or changed.
4. (____) I authorize the office of Dr. Kolokithas to provide dental services and care for me.

Signature:____
Print Name:____
Date:________________

Guardian/Parent or Authorized Personal Representative (Print Name):
____
Signature:____
Relationship to patient:_______________________________
Date of Signature:___________________________________

I authorize the office of Dr. Kolokithas to share my information with(Enter Name):

___________________________________Phone:______________________
Relationship to patient: ___Spouse/Partner ___Aide
___Other______________

(Please specify)

You have the right not to sign and understand that we will be unable to treat you in the future due to your declination of consent to contact you.
Patient/Authorized Signature Declines to sign:
____Date: ______________