



Peter Gurr, D.D.S.
Board Certified Pediatric Dentist

6820 Alamo Parkway #110, San Antonio, TX. 78253
T: 210.951.0046

Authorization to Release Information

Should you choose, and with your written authorization, we can send documentation pertaining to your child's account to you. This authorization is valid for up to one year. Once the year is passed you would need to fill out an updated form. If within that time you need documentation sent to you or anyone else and the destination is not on this original authorization form then you will need to fill out a new form.

This form can only be completed and signed by the parent or legal guardian of the patient.

I, _____, authorize The Dentists for Kids to
Parent or Legal Guardian of the Child (ren)

release any documentation that I may request up to one year from today's date to the phone numbers via text, E-mails, and fax numbers that are on file.

I acknowledge that the release of this information to these destinations releases them from all legal obligation once the documentation is sent.

The child (ren) on my family's account is/are: _____

Signature of Parent or Legal Guardian

Today's Date