



San Jose Sedation & Implant Dentistry

**Dr Henry Chang**

3151 S. White Road, Suite 203 San Jose, Ca 95148

(408) 238-7646

[www.henrychangdds.com](http://www.henrychangdds.com)

**Disclosure acknowledgement and Consent form**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

I wish to be contacted in the following manner (check all that apply):

Home or mobile number \_\_\_\_\_

Leave message with detailed information

Leave message with call-back number ONLY – NOT detailed information

Written Communication

Mail to my home address

Mail to my work/office address

Email to this address \_\_\_\_\_

Work telephone number \_\_\_\_\_

Leave message with detailed information

Leave message with call-back number ONLY – NOT detailed information

Also, I acknowledge and consent for Dr. Henry Chang/staff to disclose and discuss personal health information with/and to the following people:

1. \_\_\_\_\_

Name

Relationship

\_\_\_/\_\_\_/\_\_\_

Date of Birth

\_\_\_\_\_

Phone Number

2. \_\_\_\_\_

Name

Relationship

\_\_\_/\_\_\_/\_\_\_

Date of Birth

\_\_\_\_\_

Phone Number

**In the event that I wish to rescind this, I will write and notify Dr. Henry Chang/Staff.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name