

Broken Arrow Endodontics

J. Michael Strand D.D.S.

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I have knowledge of privacy policies and may receive a written copy if requested. I give my consent for Broken Arrow Endodontics to share my personal information, including but not limited to:

- Billing and Financial information
- Referring Dentist

List any others you may want to have access to your dental records with our office:

Date: _____

Patient's Name: _____

Parent/Guardian Printed Name: _____

Signature: _____