

Murphy's Landing Family Dental, Inc.
Annamae Farrell, D.D.S.

PATIENT: _____

I, _____ have received and reviewed a copy of Murphy's Landing Family Dental, Inc. Notice of Privacy Practices for Protected Health Information, effective 06/01/07.

I give permission to Murphy's Landing Family Dental, Inc. to send appointment reminder cards in regards to future dental appointments.

In the event that antibiotics, analgesics, and other medications are prescribed, understand they may cause allergic reactions including redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. Antibiotics may also decrease effectiveness of oral contraceptives. Another method of birth control is necessary to prevent pregnancy.

Signature of Patient: _____

Signature of Parent/Guardian: _____

Date: _____