



Family & Cosmetic Dentistry
Creating Beautiful, Healthy Smiles

www.SyracuseFamilyDentist.com

Date: _____

I _____ authorize Dr Vincent D DiMento DMD
to discuss any/all dental and/or medical pertaining to me with:

(Name of person(s) you wish to share information with)

His/Her phone # _____ (H)/ _____ (C)

Please circle one of the following: I **do/do not** wish Dr DiMento to contact this above
named person directly with dental or medical information, prior to contacting me:

This authorization is valid from date above until further written notice is given or until

(Future date)

Signature: _____

Printed Name: _____

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