

**David Christenbery DDS  
4335 Colwick Rd Suite C  
Charlotte, NC 28211  
704-362-1551**

Dr. David Christenbery or his representatives have my permission to discuss my appointment information, health information, or financial issues with the following persons:

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_ It is okay to leave messages at my home.  
initials

\_\_\_\_\_ It is okay to email me at \_\_\_\_\_  
initials

**Print Patient Name** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or Parent if Minor**

\_\_\_\_\_  
**Date**