**ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, P.C.**
**THOMAS C. WHITTAKER, D.D.S.**
**TED A GEORGE, JR., D.D.S.**

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## PATIENT NAME

**I AUTHORIZE THE FOLLOWING PERSON(S) TO SPEAK TO YOUR OFFICE REGARDING ANY MEDICAL AND/OR FINANCIAL ISSUES:**

| NAME | RELATIONSHIP |
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| NAME | RELATIONSHIP |

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**PATIENT OR GUARDIAN IF PATIENT IS A MINOR SIGNATURE** **DATE**