

**Ohana Smiles Consent to Communicate**

Thank you for choosing Ohana Smiles as your dental healthcare provider. We are committed to providing you with quality dental care. The following is a consent form to allow us to communicate with person(s) of your choice regarding your dental history, treatment, and treatment plan. Please read, agree to, and sign, thank you.

To: Ohana Smiles  
Dr. Sugiko M. Reed  
Dr. Scott M. Radniecki

I give my permission for you to talk to \_\_\_\_\_ regarding my dental history, treatment, and treatment plan.

X \_\_\_\_\_  
Signature of Patient or Responsible Party

Date \_\_\_\_\_

(Print) \_\_\_\_\_