

GATEWAY DENTAL  
770 N Cotner Blvd, Suite 202, Lincoln, NE.  
Phone: (402) 434-2360  
Email: [office@gatewaydentallincoln.com](mailto:office@gatewaydentallincoln.com)

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.  
I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN  
THIS FORM.

Patient Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

If you are signing as a personal representative of the patient, describe your  
relationship to the patient and sign this form.

Relationship to Patient: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Dated: \_\_\_\_\_

Please provide us with your email to receive Gateway Dental updates. Thank you!

Email: \_\_\_\_\_