Sandra L. Miles, DDS, PA

Jaimee A. Michael, DDS

General Dentistry

OTHER PEOPLE TO WHOM PATIENT'S INFORMATION MAY BE DISCLOSED

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

PREFERED METHOD OF APPOINTMENT REMINDERS

Please fill in all preferred methods

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Cell: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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_____ _____

Patient Name (Print) **Date of Birth**

_____ _____

Patient or Legal Representative Signature / Relationship (if applicable) **Date**

Updated 11/2025