

Gibson Dental

5445 N Kolb Road
Suite 205
Tucson, AZ 85750

I understand that this office abides by the Privacy Practices required by HIPPA. I understand that this office will use my records only to aid in my dental and medical care and some of my information will be shared with insurance companies or other medical professionals in order to achieve that goal.

Signature: _____

I hereby give consent to Dr. Sandra Wells Gibson to take care of my Dental needs. I also understand and agree to abide by all office policies that have been presented to me.

Signature: _____