



6901 Helen of Troy
 Suite E-2
 El Paso, Texas 79911
 915-581-3391 Office
 915-584-5089 Fax

Charles H. Stuart DDS ★ David T. Holden DMD

I, _____ give WestsidEndodontics Associates permission to discuss treatment, fees, payment arrangements and insurance information with the following people:

Name	Relationship	Phone Number

If someone besides the patient is paying the bill please fill out the following:

Name	Relationship	Method of payment	Amount Authorized

 Patient Signature

 Date

 Witness Signature

 Date