Dr. Mark B. Davenport Bsc DDS
Dr. Erin A. Gorman Bsc DDS

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DAVENPORT Dental
at 798 Talbot Street

Premedication Alert

I _____, authorize Dr. _____ to release details of my treatment to Dr. Mark B. Davenport and/or Dr. Erin A. Gorman.

Please provide the following information to assist in a smooth patient coordination of care.

Type of treatment performed: _____

Date of treatment performed: _____

Preferred antibiotic: _____

Duration of antibiotic coverage: _____

I release you from all legal responsibility or liability that may arise from this authorization. Thanks for your prompt response regarding this matter.

Sincerely, _____

DATE: _____

WITNESS: _____

Please return by fax, email or mail. Thank you.