



DISCLOSURE OF CONFIDENTIAL INFORMATION'S CONSENT

I, _____, give my free and informed consent that all information given to the Centre Dentaire Pierrefonds Inc. Will be recorded in a file that will be created as a patient of the clinic. I understand that the file and its content will be accessible to all clinic members.

Hereby, I _____, consent in a free and informed manner and authorize the Centre Dentaire Pierrefonds Inc. To transmit any pertinent information to a third party only for diagnostic purposes, professional opinion and/or reference.

I authorize the transfer of my information:

To another healthcare professional

To another dental clinic

To insurance company

The Centre Dentaire Pierrefonds Inc. would like to use some images, i.e. radiograph and/or smile picture for training purposes and case presentation. Under no circumstances will you personal information be disclosed and no third party will be able to identify you.

Do you authorize the Centre Dentaire Pierrefonds Inc. To use this information ? _____