Notice of Marking of dentures for identification; retention and release of information

A. Every complete upper or lower denture fabricated by a licensed dentist, or fabricated pursuant to the dentist's work order, must be marked with the patient's name unless the patient objects. The marking must be done during fabrication and must be permanent, legible and cosmetically acceptable. The dentist or the dental laboratory shall determine the location of the marking and the methods used to implant or apply it. The dentist must inform the patient that the marking is used only to identify the patient, and the patient may choose which marking is to appear on the dentures.

B. The dentist must retain the records of marked dentures and may not release the records to any person except to law enforcement officers in any emergency that requires personal identification by means of dental records or to anyone authorized by the patient to receive this information.

☐ I ACCEPT the marking of dentures for identification; retention and release of information.

☐ I DECLINE the marking of dentures for identification; retention and release of information.

I certify and fully understand the above consent.

____________________________________
Patient Name (please print)

____________________________________
Signature of Patient
Date

____________________________________
Signature of Doctor
Date