



l,	give my permission to Bon Secours Pediat	ric Dental
Associates to send update letters about r	my child,	's dental care
and conditions to his/her primary care ph	nysician to keep in compliance with patient co	entered medical-
dental home.		
Primary Care Physician	Telephone Number	
Depart Consuling Cingstons	Data	
Parent/Guardian Signature	Date	