

Bellaire Pediatric Dentistry, P.A.
"Oral healthcare for the growing & developing child"
6750 West Loop South, Ste. 795
Bellaire, TX 77401
713-661-1100

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed on the other side. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

Revocation Of Consent

I revoke my Consent for your use and disclosure of my health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat my child after I have revoked my Consent.

Signature: _____ Date: _____