

Jeffrey R. Schantz
D.D.S., M. DENT, SC.

L. Morgan Moranda
D.D.S., M. DENT, SC.

O F F I C E S

■ **PALM DESERT**
44-651 Village Court Drive
Suite 150
Palm Desert, CA 92260
PHONE 760 • 568-5987
FAX 760 • 776-1826

■ **PALM SPRINGS**
2225 Tahquitz Canyon Way
Palm Springs, CA 92262
PHONE 760 • 323-2696
FAX 760 • 327-5247

■ **YUCCA VALLEY**
57045 Yucca Trail
Suite 201
P.O. Box 609
Yucca Valley, CA 92286
PHONE 760 • 365-7612
FAX 760 • 369-4121
www.desertbraces.com

M E M B E R S
AMERICAN
ASSOCIATION OF
ORTHODONTISTS

**RELEASE OF FINANCIAL/TREATMENT
INFORAMTION**

I, _____, hereby authorize access to any
financial/treatment information regarding _____
to the person(s) listed below:

1. _____
Name

Relationship to Patient

2. _____
Name

Relationship to Patient

3. _____
Name

Relationship to Patient

Responsible Party Signature

Date

