

**Record Release Form**

I, \_\_\_\_\_ hereby authorize  
( Patient's Name )

\_\_\_\_\_  
( Former Dentist's Name )

to provide \_\_\_\_\_

with copies of my dental records with respect to any dental care and treatment that I have received.

I understand that the specific type of information to be disclosed includes a detailed report of examinations, treatment provided, x-rays and all other records which pertain to me.

This consent is effective until such date as I can cancel this consent. I understand that the information obtained as a result of this consent may be used after the cancellation date.

Signed: \_\_\_\_\_  
( Patient )

Signed: \_\_\_\_\_  
( Parent, legal guardian, or POA of the patient, if patient is unable to sign for themselves )

Address to where records should be sent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

# Generic Dental Records Release Form

**Yi-Tong Ma**



**Generic Dental Records Release Form:**

Eventually, you will no question discover a extra experience and triumph by spending more cash. nevertheless when? pull off you say yes that you require to acquire those every needs next having significantly cash? Why dont you attempt to get something basic in the beginning? Thats something that will guide you to understand even more on the subject of the globe, experience, some places, later than history, amusement, and a lot more?

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