

TO WHOM IT MAY CONCERN

AUTHORIZATION TO RELEASE DENTAL RECORDS

I hereby authorize \_\_\_\_\_ DDS to release pertinent dental  
(previous dental office)

records, including but not limited to x-rays and study models for

\_\_\_\_\_ to Dr. Harbison /Dr. Carey/Dr. Doody.  
(patient name)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

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*Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied or disclosed to anyone else. The document(s) in this communication may contain personal, confidential, or privileged information, which may be subject to the Freedom of Information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify the sender immediately. Thank you for your cooperation and assistance.*