

SOLDOTNA DENTAL CLINIC, LLC

Address: 155 Smith Way, Suite 102 Soldotna, AK 99669 | Phone: (907) 262-4989 | FAX: 907-206-7892

AUTHORIZATION FOR RELEASE AND TRANSFER OF DENTAL RECORDS AND XRAYs

Name of Patient:							
Patient's DOB:		City		State		Zip:	
Mailing Address:							

ADDITIONAL FAMILY MEMBERS TO BE INCLUDED:

Name:		DOB:	
Name:		DOB:	
Name:		DOB:	
Name:		DOB:	

I hereby authorize the release of complete dental records and x-rays of the patient (s) listed above. I further request that these records be transferred/released:

FROM / TO

Soldotna Dental Clinic, LLC
Kyle W. Downum, D.D.S. & Dan O. Pitts, D.D.S.
155 Smith Way, Suite 102, Soldotna, AK 99669
reception@soldotnadentalclinic.com

FROM /TO

Office/Dentist Name:						
Address:						
City		State		Zip:		
Email:		Phone:		Fax		

SIGNATURE OF PATIENT, PARENT, or GUARDIAN		DATE	
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