Soldotna Dental Clinic, LLC

155 Smith Way, Suite 102
Soldotna, AK 99669
(907) 262-4989
(907) 262-6595 Fax

Authorization for Release and Transfer of Dental Records and X-rays

Name of Patient: _____

Patient's DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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 (circle one)
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 (circle one)
Office/Dentist Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Signed: _____ Date: _____
(Patient or guardian)