PREMIERE DENTISTRY OF TAHLEQUAH
1205 E Ross Bypass - Tahlequah, OK 74464
Ph: (918) 456-2555 Fax: (918)456-2444
premieredentistry@yahoo.com
Mark D. Smith, D.D.S. Courtney Nolan Johnson, D.D.S. Keira Greene, D.D.S.

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name _____ Date of Birth _____

I request and authorize Premiere Dentistry to release the health care information of the patient named to:

_____

_____

_____

_____

_____

This request and authorization applies to:

☐ Treatment Records and Current X-Rays

☐ Other: _____

I authorize the release of all records regarding dental treatment to the person(s) and/or dental office(s) above.

Patient or Parent/Guardian Signature _____

Date _____

This authorization expires one year from date of signature.