

PREMIERE DENTISTRY of TAHLEQUAH, PC
1205 E. ROSS BYPASS
TAHLEQUAH, OK 74464
Telephone (918) 456-2555 Fax (918) 456-2444

Mark D. Smith, D.D.S

Matthew B. Hodgson, D.D.S

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name _____ Date of Birth _____

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

Name _____
Address _____

Phone/Fax # _____
Email _____

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.