

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. Matthew B. Hodgson, D.D.S.

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name _____ Date of Birth _____

I request and authorize _____

to release the health care information of the patient named to:

Premiere Dentistry of Tahlequah
1205 E Ross Bypass - Tahlequah, OK 74464
premieredentistry@yahoo.com
Ph: (918) 456-2555 Fax: (918) 456-2444

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.