

***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 \_\_\_\_\_

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

Premiere Dentistry of Tahlequah, PC  
1205 E Ross Bypass - Tahlequah, OK 74464  
[premieredentistry@yahoo.com](mailto: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.