



Liberty Lake Smile Source
 22011 E Country Vista Dr Building A Suite 201, Liberty Lake, WA 99019
 (509) 927-9279
 www.libertylakedentist.com/

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RECORDS RELEASE FORM

| DOB:

AUTHORIZATION TO RELEASE DENTAL RECORDS

Patients Name:

Date of Birth:

I request and authorize to release the information specified below to the organization, agency, or individual named on this request. I understand that the information to be released includes the following information:

Information Requested:	
Previous Dentist Name:	
Phone Number:	
Email:	
Please select "Request" or "Release"	
Current Dentist Name:	
Phone Number:	
Email:	
Purpose and Reason for Which Information Is To Be Used:	

AUTHORIZATION:

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure.

Patient's signature:

Date:



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OTHER CONDITIONS: A COPY OF THIS AUTHORIZATION OR MY SIGNATURE THEREON:

Patient's signature:

Date: