



# Fox River FAMILY DENTISTRY

169 Memorial Dr. Berlin, WI 54923

Phone: 920-361-3080 ~ Fax: 920-361-3054

PO Box 326, 215 Church St. Montello, WI 53949

Phone: 608-297-2181 ~ Fax: 608-297-2207

contact@foxriverfamilydentistry.com

## AUTHORIZATION FOR DISCLOSURE OF DENTAL RECORDS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Authorize:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ authorize release of my/ my child's dental records in accordance with the specifications listed above, I understand written notification is necessary to cancel this request.

**Reason for leaving:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_