

PREMIERE DENTISTRY OF TAHLEQUAH
1205 E. ROSS BY-PASS
TAHLEQUAH, OK 74464
Telephone (918) 456-2555
Fax (918) 456-2444

Mark D. Smith, D.D.S.

R. Stephen Jones, 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 above to:

Premiere Dentistry

This request and authorization applies to:

- Orthodontic Referral
- Treatment Records and Current X-rays
- Other: _____

I authorize the release of all records regarding dental treatment to the person(s) listed above.

Patient or Parent/Guardian Signature: _____ Date: _____

THIS AUTHORIZATION EXPIRES ONE YEAR FROM DATE OF SIGNATURE