

ADVANCED DENTAL HEALTH, PC

Howard S. Snider, DMD

5110 E Warner Road, Suite #250

Phoenix, AZ 85044

Phone 480-783-7192 Fax 480-783-7193

Authorization to Release Confidential Information

I, _____, hereby request and authorize the dental office of:

Name of dentist

Address

City State Zip

Telephone number Fax number

to release copies of any and all clinical treatment records and information concerning my care to:

Howard Snider, DMD
5110 East Warner Road, Suite 250
Phoenix, AZ 85044

These records include, but are not limited to personal patient information, medical and dental histories, examination radiographs, clinical photographs, treatment plans, treatment records, referral and consultation recommendations and reports, diagnostic models and other related materials.

I expressly release from liability, the dental office of _____ including staff and employees, from any and all liability arising from compliance with this request and disclosure of the requested information.

Signature of Patient or Guardian

Date