

Advanced Dental Care
Sam Pominville, DDS

7626 N. State St.
Lowville, NY 13367
Phone: 315-376-3121
Fax: 315-376-8635

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize
(Patient or Guardian if Minor)

_____ to release any and all information
(Doctor or Office)

from the records of _____
(Patient)

including records and x-rays to the following:

Advanced Dental Care
Sam Pominville, DDS
7626 N. State St.
Lowville, NY 13367

Digital xrays and records may be emailed to: amanda@lowvilledentist.com

Date: _____
Signature of Patient or Legal Guardian