

Welcome Dental, PC
1129 West Chester Pike
West Chester, PA 19382
(p) 610-692-7868
(f) 610-692-3459

PATIENT AUTHORIZATION FOR RECORDS RELEASE

Patient Name: _____

Patient Social Security #: _____

I hereby request and give my permission for the release of information and records in my file at Welcome Dental's office, including x-rays, as indicated below:

Items: Current x-rays

Other: _____

Please forward records to: (providers's email address):

Signed: _____
(Patient, or parent/guardian if under 18)

Date: _____

Office staff initials: _____

Thank you. This form is used as a means of preserving confidentiality and guardian ship of the records. If we can be of any other help, please call.