PALMETTO
DENTAL CENTER
317 7th St W
Palmetto, FL 34221
Phone: (941) 729-6883
Fax: (941) 729-2133
www.palmettodentalcenter.com

Authorization for Release of Medical Records

Patient information (Please Print):

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

RELEASE MY RECORDS FROM

Name:_____

Phone:_____

Fax: _____

Email: palmettodental83@gmail.com

Please release a copy of my dental records, including but not limited to, progress notes, x-ray films, and diagnostic records.

By my signature, I authorize the release of my dental records.

Patient/Guardian signature: _____ Date: _____