



RECORDS RELEASE REQUEST

713 PIERCE ROAD
CLIFTON PARK, NY 12065
(518) 373-1181 FAX: (518) 373-0130
WWW.SMILELODGE.COM

PATIENT'S NAME (PLEASE PRINT): _____

DATE OF BIRTH: _____

DESCRIPTION OF RECORDS YOU WISH TO ACCESS: _____

I WISH TO SEE THE REQUESTED RECORDS

I WISH TO RECEIVE A COPY OF THE REQUESTED RECORDS

I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS TO THE BELOW NAMED PARTY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS (VIA SECURE E-MAIL) TO THE ADDRESS LISTED BELOW

E-MAIL: _____

I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS TO THE FAX NUMBER BELOW: (PLEASE NOTE: X-RAYS CANNOT BE FAXED)

FAX: _____

I, _____ HEREBY AUTHORIZE THE SMILE LODGE PEDIATRIC DENTISTRY TO RELEASE THE REQUESTED RECORDS OF THE PATIENT IDENTIFIED ABOVE, TO THE DESIGNATED NAME, ADDRESS OR E-MAIL.

{PLEASE PRINT NAME}

{RELATIONSHIP TO PATIENT}

{SIGNATURE}

{DATE}

PRIVACY OFFICIALS: JILLIAN VINCENT AND ERIN DUPONT
713 PIERCE ROAD, CLIFTON PARK, NY 12065
TELEPHONE: (518) 373-1181

PLEASE CONTACT ONE OF OUR PRIVACY OFFICIALS LISTED ABOVE IF YOU HAVE ANY QUESTIONS REGARDING YOUR REQUEST TO INSPECT, TRANSFER, OR OBTAIN RECORDS.