



family & cosmetic dentistry

Authorization to Release Dental Records

Patient Name

Date of Birth

I authorize the use and disclosure of health care information regarding diagnosis, charts, and X-rays used for diagnosis and treatment.

Information may be disclosed to:

Gledhill Dental: Dr. Lance W. Gledhill, DDS - or - Dr. Daniel A. Petersen, DDS

Business | Practice | Doctor Name

7223 W. Clearwater Avenue, Kennewick, Washington 99336

Address

City

State

Zip

Please E-mail to: hello@gledhilldental.com

- OR -

FAX: 509.783.1983

Patient | Guardian | Parent Signature

Date of Birth

Printed name if signed on behalf of minor or patient

Relationship to Patient