Pine Grove
DENTAL ARTS
1475 Pine Grove Road, Suite 107
Steamboat Springs, CO 80487
970-879-1959
fax: 970-879-1973
info@pinegrovedentalarts.com

AUTHORIZATION TO RELEASE DENTAL INFORMATION

PATIENT: _____ Release to: _____

DOB: _____ _____

*If records are to be sent to PGDA, please send to: info@pinegrovedentalarts.com

I request and authorize the above-named doctor or health care provider to release the information specified below to the organization, agency or individual named on this request. I understand that the information to be released includes information regarding the following condition(s) drug abuse, alcoholism or alcohol abuse, sickle cell anemia, psychological or psychiatric conditions, allergies & general health concerns.

INFORMATION REQUESTED

☐ Copy of complete dental chart ☐ All treatment rendered in this office or by this doctor

☐ Copy of dental x-rays ☐ Other (e.g. models – describe):

PURPOSE OR NEED FOR WHICH INFORMATION IS TO BE USED

☐ Transfer of records ☐ Second opinion

AUTHORIZATION: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure

Patient Name: _____

Signature: _____

Date: _____