Jedidiah L. Janisse, DMD, Margaret N. Janisse, DMD, Elena A. Fotiadis, DMD

217-10 Maxham Meadow Way Suite 104 C Woodstock, VT 05091

802-457-1903 info@sunsetvalleydental.com

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

- Records **TO** Sunset Valley Dental
- Records **FROM** Sunset Valley Dental

Patient Name: _____ Date of Birth: _____/_____/_____

Patient Name: _____ Date of Birth: _____/_____/_____

Patient Phone Number: _____

Patient Mailing Address: _____

_____

Please release the above named patients' records and x-rays to:

Dental Office Name: _____

Dental Office Address: _____

Dental Office Phone: _____ Dental Office Fax: _____

*Dental Office Email: _____

Signature of Patient, Parent, or Legal Guardian: _____

Date of Authorizing Signature: _____/_____/_____

Signature of Patient, Parent, or Legal Guardian: _____

Date of Authorizing Signature: _____/_____/_____