James P. Allen, DDS
860 N Mill St, Ste 1
West Salem, WI 54669
Phone: (608)786-3303 Fax: (608)612-0253
Email: Records@allendental.net

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

I, _____ (PRINT NAME), request and authorize the doctor or health care provider listed below to release dental record information to the specified organization, agency, or individual named on this request.

Patient Name: _____

Date of Birth: _____

_____ For transfer of records TO Allen Dental

Previous Office/Doctor: _____

_____ For transfer of records FROM Allen Dental

Transfer to: _____

_____

Patient/Guardian Signature Date