



FAMILY DENTISTRY

*Creating Healthy Teeth & Happy Smiles*

## AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize:

Dr. Name: \_\_\_\_\_

Dr. Address: \_\_\_\_\_

\_\_\_\_\_

To release all Dental-Medical information upon request to:

**Serene Family Dentistry**

25662 Crown Valley Parkway, Suite H-4

Ladera Ranch, CA 92694

Phone: (949) 218-4000

Fax: (949) 219-7700

Email: [info@serenefamilydentistry.com](mailto:info@serenefamilydentistry.com)