



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

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Fax: (949) 219-7700  
Email: [info@serenefamilydentistry.com](mailto:info@serenefamilydentistry.com)