

1896 Urbana Pike, ste #2-3, Clarksburg, MD 20871 (301)750-7000, www.MyHappySmiles.com

DENTAL RECORDS RELEASE FORM

Patient Nam				Date of birth://
Address	Last :	First City:	MI	State:Zip
AUTHORIZES:				
	To DISCLOSE TO: SELF	DENTAL PROV	/IDER	OTHER
	DELIVERY OPTIONS:	EMAIL FAX		
PICK UP TO BE PICKED UP BY, I HERE BY AUTHORIZETO PICK UP				
MY RECORDS (PHOTO ID REQUIRED)				
	SEND TO:			
NAME OF HEALTH CARE PROVIDER / PLAN/MYSELF				
ADDRESS:				
	PHONE:	FA	X:	
	EMAIL:			
I understand that once my records have been released, Dr. Hamidzadeh and his practice will no longer have control over them, and federal or state privacy laws may no longer protect the information that was released.				
SIGNATURE OF PATIENT				
Patient Signature				Date