

# Desert Villa Dental, LLC

General and Cosmetic Family Dentistry  
"Caring, Compassionate, and Committed to Excellence"  
1055 N. La Canada Dr., #109 Green Valley, AZ 85614

## AUTHORIZATION FOR RELEASE OF DENTAL RECORDS AND INFORMATION

Information on \_\_\_\_\_  
Patient's name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Is hereby authorized Desert Villa Dental to release my records to:

\_\_\_\_\_  
Name of Dental Office

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_ I authorize Desert Villa Dental to Email my records including x-rays.

All dental x-rays may be furnished to the above named dentist as is needed for dental care.  
Please allow us up to 7 business days to send your records.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

Phone: (520) 399-2700 Fax: (520) 399-4001  
email: [desertvilladental@hotmail.com](mailto:desertvilladental@hotmail.com)  
[www.desertvilladental.com](http://www.desertvilladental.com)