

# DESERT VILLA DENTAL, LLC

GENERAL AND COSMETIC FAMILY DENTISTRY

“CARING, COMPASSIONATE, AND COMMITTED TO EXCELLENCE”

1055 N. LA CAÑADA 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

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Name of Dental Office

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Mailing Address

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City, State, Zip Code

Phone

Fax

To release my dental records to:

Desert Villa Dental

1055 N La Canada Drive Suite #109

Green Valley Az 85614

Phone 520-399-2700

Fax 520-399-4001

E-mail [desertvilladental@hotmail.com](mailto:desertvilladental@hotmail.com)

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Signature of Patient or Legal Guardian

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Date

**PHONE: (520) 399-2700 FACSIMILE: (520) 399-4001**

**EMAIL: DESERTVILLADENTAL@HOTMAIL.COM**

FRONT COMP/DESKTOP/RELEASE RECORDS