

DESERT VILLA DENTAL LLC

GENERAL AND COSMETIC FAMILY DENTISTRY

"CARING, COMPASSIONATE AND COMMITED TO EXCELLENCE"

Phone: (520)399-2700 Fax: (520)399-4001 Email: info@desertvilladental.com

AURORIZATION FOR RELEASE OF DENTAL RECORDS FROM DESERT VILLA DENTAL

Patient's name: _____ Patient Phone Number

Date of birth: _____

Patient Email Address

Hereby authorizes Desert Villa Dental to release my records to:

Name of Dental Office: _____

Mailing address: _____

Phone: _____

Fax: _____

I _____ (patient initials) authorize Desert Villa Dental LLC to transfer my records including x-rays to the above Dental Office as is needed for dental care.

Note: please allow us up to five business days to send your dental records

Signature of patient or legal guardian

Date