

# DESERT VILLA DENTAL LLC

GENERAL AND COSMETIC FAMILY DENTISTRY

*"CARING, COMPASSIONATE AND COMMITED TO EXCELLENCE"*

## **AURHORIZATION FOR RELEASE OF DENTAL RECORDS TO DESERT VILLA DENTAL**

Patient's name: \_\_\_\_\_

Patient Phone Number Requesting

Date of birth: \_\_\_\_\_

Patient Email Requesting

Hereby authorize

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

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

To release my dental records to:

Desert Villa Dental LLC  
1055 N La Canada Drive Suite 109  
Green Valley, AZ 85614  
Phone: (520)399-2700  
Fax: (520)399-4001  
Email: [info@desertvilladental.com](mailto:info@desertvilladental.com)

\_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_  
Date