

GARDEN CITY DENTAL

8311 NE Hwy 99 Ste. 106

Vancouver, WA 98665

Phone: (360) 326-4740

Fax: (360) 326-9554

E-mail: services@gardencitydental.net

It is the policy of Garden City Dental to protect the rights of our patients privacy. As set forth in our office privacy notice, no patient information is disclosed unless the patient or their legal guardian has given specific consent for the release of dental records.

By signing this form, you or the patient you represent is consenting to the release of dental records to the recipient below.

I, _____
(Print Patient Name)

authorize _____ to release copies of my dental records to:
(former Dental Office)

Name: Garden City Dental

Address: 8311 NE Hwy 99 Ste 106 Vancouver, WA 98665

Phone number: (360) 326-4740 Fax number: (360) 326-9554

Patient, Parent or Guardian Signature: _____ Date: _____

Parent or Guardian name (if applicable): _____

Please e-mail or fax this form back to our office when completed

RECORDS RELEASE FORM

CONFIDENTIAL