Reemon Yousif Ashoty, DDS
6311 Hillcrest Rd., Suite 200
Frisco, TX 75035
www.oakdentalfrisco.com

oakdental
Frisco

Appointments: (972) 335-4145
Fax: (972) 335-1019
info@oakdentalfrisco.com

RECORDS RELEASE CONSENT FORM
(Please allow 48 business hours for requests to be processed)

PATIENT INFORMATION:

I hereby authorize OAK DENTAL FRISCO to release information from the dental record(s) of:

_____
Patient Name

Covering the period(s) of dental treatment: _____

Birth Date: ___/___/_____ Social Security #: _____-_____-_____

Purpose of Release: _____

This release may include information regarding communicable diseases such as Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS), Psychiatry, Drug, and/or Alcohol Abuse, unless specifically requested to be omitted.

This information is to be released to: _____
Name of Person or Entity Authorized to Receive Information

_____
Street Address City State Zip Code

Phone #: _____ **Email Address**: _____

AUTHORIZATION:

I understand this authorization is valid for a period of ninety (90) days or until expressly revoked by me. I understand that I may withdraw this authorization by submitting a written, dated request, and that such revocation doses not affect action that already has been taken based on this authorization.

Signed: _____ _____
Patient, Parent, or Legal Representative Date

_____
Relationship to patient

_____ _____
Witness Date