

**AUTHORIZATION TO RELEASE DENTAL INFORMATION**

(The execution of this form does not authorize the release of information other than that specifically described below)

Patient Name: \_\_\_\_\_ Release to: **Mason O. Miner, DDS, LLC**  
72 Suttle St., Suite H  
DOB: \_\_\_\_\_ Durango, CO 81303

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I request and authorize the above-named doctor or health care provider to release the information specified below to the organization, agency individual named on this request. I understand that the information to be released includes:

\_\_\_\_\_ Drug Abuse, if any      \_\_\_\_\_ Alcoholism or alcohol abuse, if any  
\_\_\_\_\_ Sickle Cell Anemia, if any      \_\_\_\_\_ Psychological or psychiatric conditions, if any

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**INFORMATION REQUESTED**

**DATES COVERED**

_____ Copy of complete dental chart	_____ All treatment rendered in this office or by this doctor
_____ Copy of dental x-rays	_____ Limited to treatment dates & for conditions described below:
_____ Other (e.g. models — describe)	

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**PURPOSE(S) OR NEED FOR WHICH INFORMATION IS TO BE USED**

\_\_\_\_\_ Transfer of records      \_\_\_\_\_ Second Opinion  
\_\_\_\_\_ Other claim evaluation

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**AUTHORIZATION:** I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure, but in any event on \_\_\_\_ (date supplied by patient) or \_\_\_\_\_revoked in writing by patient: or 180 days from the date hereof: or under the following conditions.

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Other Condition: A copy of this Authorization of my signature thereon: \_\_\_\_\_ may \_\_\_\_\_ may not be used with the same effectiveness as an original.

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\_\_\_\_\_  
PATIENT NAME (print)

\_\_\_\_\_  
Person Authorized to sign for patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
State how authorized