JOHN P. MEYER, DDS
The Gentle Dentist General Dentistry
94 MAIN STREET Phone: (607) 324-1032
HORNELL, NY 14843 Fax: (607) 324-1098
jpmeyer.com FrontDesk@jpmeyer.com

Authorization for Release of Dental Records and X-rays

Name of patient: _____

Patient's DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional family members to be included:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I, (print patient or parent/guardian name) _____, hereby authorize the release of dental records or knowledge concerning my dental health to the following dental office:

Name of New Dentist: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Practice Telephone Number: _____

Signed (patient or guardian signature): _____

Date: _____