Deluxe Dental
DENTISTRY FOR KIDS & ADULTS
Phone: (248) 274-4020

Medical Information Release Form

Name:_____ Date of Birth:_____

RELEASE INFORMATION:

☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

☐ Spouse:_____

☐ Children:_____

☐ Other:_____

☐ Information is not to be released to anyone

The RELEASE INFORMATION will remain in effect until determined by me in writing.

The best way to contact or to leave messages for me:

☐ My home

☐ My work

☐ My cell number

☐ Other:_____

If unable to reach me:

☐ You may leave a detailed message

☐ Please leave a message asking me to return your call

☐ Other:_____

Signed:_____ Date:_____