



8415 N. 125<sup>th</sup> E Ave.  
Owasso, OK 74055  
Phone: 918-272-0031  
Fax: 918-272-0041

## AUTHORIZATION FOR RELEASE OF RECORDS

I request and authorize the office of:

\_\_\_\_\_

Dental Provider

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Office Phone

to release my dental radiographs and any pertinent information regarding my dental or general health; past, present, or future to Boyd Family Dentistry.

Please mail or email records to the above listed address.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Date

\*\* If possible, please email x-rays to [anne@boyddentistry.com](mailto:anne@boyddentistry.com)

Thank you!