

Request For Release of Records

I, _____, hereby request and give my permission to
_____ to provide Mid State Orthodontics
any and all information requested for the orthodontic care of _____.

Such records may include medical care and treatment, illness or injury, dental history, medical history, consultation, prescriptions, x-rays, models, and copies of all dental records and medical records. (see below specific records requested)

I agree to pay the cost of duplicating any records. A photograph of this release will be as effective as the original.

Please provide the following records:

- | | | |
|----------------------------|---|--------------|
| _____ Medical History | _____ Treatment Plan(s) | _____ Photos |
| _____ Dental History | _____ Treatment Notes | |
| _____ Xrays | _____ Insurance Information | |
| _____ Models, if available | _____ Consultation Information (fee estimates included) | |

Signed:

Date: _____

(Patient)

Signed:

Date: _____

(Parent, Legal Guardian or Custodian of the Patient if the Patient is a Minor)

Address:
