

Today's Dentistry
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Authorization for Release of Dental Records

Patient Name(s)

Date(s) of Birth:

Please choose one of the following methods of Records Release:

Email Records to: _____
Please be advised that email may not be secure and may not protect your privacy. This method will be done at no charge to the patient. Please allow 14 days.

Mail Records to _____

This method of release carries a \$10 fee per patient to cover costs of duplication and postage. Fee must be paid prior to records being mailed. Please allow 14 days to prepare records for mailing.

I authorize Today's Dentistry to release my records by the method I have chosen above.

Signature

Date

***All patients that are 18 years of age or older must sign their own Records Release

Reason for Records Request:

