

Red Oak Dentistry

2605 Blue Ridge Road, suite 200, Raleigh, NC 27607

Phone: (919)781-8984 | Fax: (919)571-9543

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:

Date of birth:

Address:

City, State, Zip:

Phone:

At my request the following information may be released to

Dr. Michael King, DMD. Red Oak Dentistry

Dental x-rays. Most recent Panorex, Full mouth series and Bite wing

Patient Signature: _____

Date signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.