

# Kenneth E. Myers D.D.S., P.A.



2 Blackstrap Road  
Falmouth, ME 04105  
(207)797-3130  
info@kennethmyersdds.com

## Authorization to Release Dental Records

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### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### SEND RECORDS TO

Kenneth E. Myers, DDS

2 Blackstrap Road

Falmouth, ME 04105

Digital x-rays can be forwarded to: [info@kennethmyersdds.com](mailto:info@kennethmyersdds.com)

### INFORMATION TO BE DISCLOSED

- |  |  |
|--|--|
| <input type="checkbox"/> Exam & Treatment Notes                | <input type="checkbox"/> Treatment Plan      |
| <input type="checkbox"/> Radiographs (x-rays w/i last 5 years) | <input type="checkbox"/> Other (e.g. models) |

### PURPOSE(S) FOR DISCLOSING INFORMATION

- |  |  |
|--|--|
| <input type="checkbox"/> Transfer of Records               | <input type="checkbox"/> Second Opinion  |
| <input type="checkbox"/> Continuation of Care/Consultation | <input type="checkbox"/> Other (specify) |

I authorize your office to release the records noted above. I understand that all information I hereby authorize to be obtained will be held strictly confidential and cannot be released without my written consent. I understand that this authorization will remain in effect until revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent /Guardian)

\*\*Please complete and forward to your previous dental office\*\*