717 Kristine Way, The Villages, FL 32163
P: (352) 461-0599 F: (352) 689-2815
Website: www.LakeDeatonDental.com
Email: LakeDeatonDental@gmail.com

Authorization to Release Dental Records and/or Radiographs

Date:	
Patient name:	
Date of birth:	
Telephone No.:	

I authorize Lake Deaton Dental to request a copy of my dental records and/or Radiographs from:

Practice Name:	
Phone:	
Fax:	
E-Mail:	
Mailing address:	

___________________________ ___________________________

Signature Date

Please email digital x-rays, periodontal charting and all pertinent information to:

LakeDeatonDental@gmail.com

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Staff

Notes:

FMX/Pano: ________________________ BWX: ________________________

Perio Chart: _______________________ HYG: _______________________