



**PEDIATRIC DENTISTRY**

# RECORDS RELEASE REQUEST

713 PIERCE ROAD  
CLIFTON PARK, NY 12065  
(518) 373-1181 FAX: (518) 373-0130  
WWW.SMILELODGE.COM

PATIENT'S NAME (PLEASE PRINT): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DESCRIPTION OF RECORDS YOU WISH TO ACCESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I WISH TO SEE THE REQUESTED RECORDS
- I WISH TO RECEIVE A COPY OF THE REQUESTED RECORDS
- I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS TO THE BELOW NAMED PARTY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

- I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS (VIA SECURE E-MAIL) TO THE ADDRESS LISTED BELOW

E-MAIL: \_\_\_\_\_

- I WISH TO AUTHORIZE A RELEASE OF THE REQUESTED RECORDS TO THE FAX NUMBER BELOW: (PLEASE NOTE: X-RAYS CANNOT BE FAXED)

FAX: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY AUTHORIZE THE SMILE LODGE PEDIATRIC DENTISTRY TO RELEASE THE REQUESTED RECORDS OF THE PATIENT IDENTIFIED ABOVE, TO THE DESIGNATED NAME, ADDRESS OR E-MAIL.

\_\_\_\_\_  
{PLEASE PRINT NAME}

\_\_\_\_\_  
{RELATIONSHIP TO PATIENT}

\_\_\_\_\_  
{SIGNATURE}

\_\_\_\_\_  
{DATE}

**PRIVACY OFFICIALS: LAURA LOWTHER - JANE DRAKE**  
713 PIERCE ROAD, CLIFTON PARK, NY 12065  
TELEPHONE: (518) 373-1181

**PLEASE CONTACT ONE OF OUR PRIVACY OFFICIALS LISTED ABOVE IF YOU HAVE ANY QUESTIONS REGARDING YOUR REQUEST TO INSPECT, TRANSFER, OR OBTAIN RECORDS.**