WEDGWOOD DENTAL CENTER

Emily Shackelton, DDS
7337 35th Avenue NE • Seattle, WA 98115
ph 206.525.9110 *fax* 206.525.0955
email info@wedgwooddentalcenter.com

Authorization for Release of Information

I, ____, hereby authorize:

Name of practice or doctor: ____________________________________

Address: ____________________________________

____

Phone and fax number: ____________________________________

Email address: ____________________________________

To release information contained in my dental records to:

Name of practice or doctor: ____________________________________

Address: ____________________________________

____

Phone and fax number: ____________________________________

Email address: ____________________________________

Information requested: X-ray and any other information that would be useful for future treatment.

Sincerely,

____

(Name in Full)

____

(Signature)