Emily Shackelton, DDS

7337 35th Ave NE
Seattle, WA 98115
Tel: 206.525.9110
Fax: 206.525.0955

E-mail: info@wdcseattle.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ____, hereby authorize:

Name of practice or doctor: ______________________________________
Address: ______________________________________
____
Phone and fax number: ______________________________________
E-mail address: ______________________________________

To release information contained in my dental records to:

Dr. Emily Shackelton
Wedgwood Dental Center
7337 35th Ave NE
Seattle, WA 98115

206.525.9110
info@wdcseattle.com

Please email any x-ray's from the last 5 years and any other information that would be useful for future treatment.

Sincerely,

____
(Full Name)

______________________________________ ____________________
(Signature) **(Date)**