

Dentistry for Children and Adolescents

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Release of Records

I, _____ hereby authorize Drs' Appelbaum Dill & Varble office to release _____ dental records. These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to my treatment.

These records may be released to: (Circle One)

1. My dentist / doctor: _____

Address: _____

2. Sent to my home address.

3. Released to person authorized by me: _____

4. Personally picked up records today.

Signature

Date

Fax # 314-567-0260