

Dentistry for Children and Adolescents

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Release of Records

I, _____, hereby authorize the office of Drs' Appelbaum, Dill, Varble & Wong to release the dental records for _____. 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 or e-mail _____

2. Sent to my home address: _____

3. Released to person authorized by me: _____

4. Personally picked up records today.

Signature

Date

Fax # for Creve Coeur office 314-567-0260

Fax # for St. Charles office 636-946-5005