

Natalie A. Lenser D.D.S
3109 Coffee Rd. Suite B
Modesto CA 95355
Phone (209) 571-7283 Fax (209) 571-7285

Authorization for the release of dental records

I hereby authorize Natalie A. Lenser, D.D.S., to release the information in the dental record of _____ (Patient's Name). I no longer wish to be a patient of record at Natalie A. Lenser's D.D.S. Therefore, I request that a copy of my dental records be sent to myself or the following dental office as soon as possible:

(Name of Dentist or Patient's Legal Guardian)

(Address)

(Phone #)

(E-mail)

Any and all information may be released including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below.

(Print Name)

Signature

Date

Please indicate relationship to patient:

- Mother
- Father
- Legal Guardian

Please indicate method of transfer:

- E-mail
- Mail
- Pick Up
- Fax

(Fax #)