

## **Authorization To Release Information**

Dr. Kristen Gibson, DDS Dr. Clara Felker, DDS 7419 SE 24<sup>th</sup> St. Mercer Island, WA 98040 206-232-2623

gibsonandfelker@gmail.com

Patient Name:
Date of Birth:
I request and authorize the office of:
☐ Dr. Gibson & Felker, DDS Or
☐ Previous Dentist information below :
Name:
Address:
Phone #:
Fax/Email:
Please Release:
Patient x-rays (date of service):
☐ Full mouth series or Pano:
Pending treatment plan:
Other:
This authorization ends within 90 days of the signed date.
Patient or Legal Guardian Signature:
Relationship to patient:
Today's Date: