



OFFICE USE ONLY:

Chart Number:	Date Sent:	Authorized:	Declined:	Limitations:	Date:
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Authorization for Release of Medical Records, Dental Records and X-Rays

Patient's Name: _____ Nickname: _____

LAST FIRST MIDDLE

Patient's Address: _____ Room # (If Applicable): _____

City: _____ State: California Zip Code: _____

Phone: () Alternate Phone: () Fax: ()

Sex: M F Date of Birth: / /

I hereby authorize _____
Doctor's Name / RDHAP/ Provider

and whomever he/she may designate to release information in the Medical Record of the patient named above.

INFORMATION TO BE RELEASED (check all that apply):

- Entire Record
- Medical/Dental History
- Consent Forms
- Dentist/Hygienist Notes
- X-Rays
- Examination Notes
- Treatment Plans
- Other:

INFORMATION LIMITATIONS (list any restrictions on information to be released): _____

PURPOSE OF INFORMATION RELEASE:

- Continuing Care
- Legal
- Copies for own use
- Transfer to another provider
- Other

I authorize the release of the information requested above to the following party:

Dr. Richard Chu, DDS and Dr. Jennifer Kimura, DDS of California Mobile Dental
 10621 Bloomfield St., Ste. 30
 Los Alamitos, CA 90720
 (888) 315-0242 (562) 353-4541 Fax: (562) 353-4771

I give permission to the office of the provider listed above to release the requested Medical and Dental Information to other part listed. I am aware that the office of the provider cannot control how the recipient uses or shares the released information.

Information will not be released without a valid signature below. The authorization will expire 90 days from the signature date. I may also cancel this authorization in writing at any time. Neither cancellation nor failure to execute this authorization will affect my receipt of services. I understand that my cancellation will not have any effect on information released before a cancellation is received by the provider.

Patient or Representative's Signature: _____ **Date:** _____

Patient or Representative's Name (Please Print): _____

Dentist's Signature: _____ **Date:** _____