

ATCHISON DENTAL ASSOCIATES, PA
111 North 5th Street, PO Box 399 - Atchison, KS 66002
Phone: 913-367-0212 Fax: 913-367-6214
Website: atchisondental.com

REQUEST FOR RELEASE OF INFORMATION

I hereby authorize the office of _____
to release copies of any radiographs, intra oral image and /or a written narrative of
treatment provided at the office of the same to the custody of:

ATCHISON DENTAL ASSOCIATES, PA
PO BOX 399
ATCHISON, KS 66002

EMAIL: atchisondental@yahoo.com

I hereby release _____ office from any and
all liability arising from such release of information.

Patient/Guardian Signature

Date

Printed Names of Patient Records to be Released

- 1.
- 2.
- 3.
- 4.
- 5.