Warm Springs Dental
Modern Comfortable Care
Jessica Ellis, D.D.S. Bryan Euzent, D.D.S.

Patient Authorization to Release Records

I hereby authorize ________________________________ to release a

copy of dental records for ________________________________

to ___________________________. I authorize you to include all relevant

radiographs, other images, chart notes, and account information.

Thank you,

__________________________ __________________________
Print patient’s name Parent or Guardian's name

____
Signature of patient or Guardian

____
Date

Please e-mail digital records to office@WarmSpringsDental.com or mail to:
Warm Springs Dental
8220 SW Warm Springs St. Suite 200
Tualatin, OR 97062
(503) 692-0337