Family Dentistry of West Salem
210 Leonard St. N., West Salem, WI 54669
(608)786-1632 Fax (608)786-0225
fdwestsalem@gmail.com

Authorization for the Disclosure of Protected Health Information

Patient Information:

_____
Name

_____
Street Address

_____
City State Zip Code

Records Disclosed From: _____

Records Disclosed To:

_____
Name (Dental Office, Self, Insurance Co., Physician, etc.)

_____
Street Address

_____
City State Zip Code

By signing this, I authorize consent to release health information regarding the above named patient.

Signature of Patient:_____Date:_____