Ankit K. Patel, DMD
115 Rainbow Drive
Madison, AL 35758
(256) 837-3274
FAX (256) 837-3696

Request for Release of Dental Information
(all patients age 18 and older must sign form)

Patient Name:____ **Date of Birth**:

I AUTHORIZE:

Practice Name:

Address:

Phone/Fax:

to release my dental records to:

Ankit K. Patel, DMD
115 Rainbow Drive
Madison, AL 35758
(256) 837-3274
FAX (256) 837-3696

I authorize Dr. Patel to release my dental records to:

Practice Name:

Address:

Phone/Fax:

PATIENT SIGNATURE:_____________________________________ **Date**: