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Website: [www.dentist4kids.org](http://www.dentist4kids.org)

Email: dentist4kids@emailsafe.us

RECORDS RELEASE TO AUTHORIZED AGENT

Patient Name:

DOB:

Parent/Legal Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:

I authorize release of my dependent’s dental records to the following dentist:

Dentist Name:

Dentist Phone:

Dentist Email:

Signature of Parent/Legal Guardian Date