

3000 Hampton Center, Suite B

Morgantown, WV 26505

304-599-5000

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: Dr. Day/Turak/Morgan\_\_

Dentist Phone: 304-599-5000

Dentist Email: dentist4kids@emailsafe.us

Dentist Fax: 304-599-6629

Signature of Parent/Legal Guardian Date