JENNIFER KOCH, D.M.D.

201 WEST BROAD STREET
BETHLEHEM, PA 18018
PHONE: (610) 865-3333
FAX: (610) 691-7822

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Re:
(Patient's Name)

Date Of Birth:

To Whom It May Concern:

I hereby authorize **to release my dental records and**
(Doctor's Name)

forward them to the address below.

You are hereby authorized to inspect and copy all of my dental x-rays and records.

_____
Patient Signature/Guardian **Date : / /**

Send dental records to: Jennifer Koch, DMD, PC
201 West Broad Street
Bethlehem, PA 18018
610-865-3333
jenniferkochdmd@gmail.com
fax # 610-691-7822