MORAN PRAIRIE DENTISTRY
Personalized & Comfortable

Authorization to Release Patient Information

Patient Name: _____Date of Birth: _____

Patient Name: _____Date of Birth: _____

Doctor or Clinic Name:_____

Street Address:_____

Release Information to:
Dr. Jason Tucker
Moran Prairie Dentistry
2718 E. 57th Ave, Ste 101
Spokane, WA 99223

P: (509) 448-5888
F: (509) 448-0710
E: MoranPrairieDentistry@gmail.com

Authorization to Release:
I authorize the following services and/or programs to release information from my records. I understand that the information may be released orally, by mail, fax or hand-delivery.

___Dental Treatment	___Most Recent BWXs/PAs	___Last Hygiene Exam
___Perio Chart	___Most Recent FMX	___Last Dental Exam

_____
Patient's Name

_____ _____
Patient's Signature Date