



OAKWELL DENTAL CARE

Big City Convenience, Hometown Care

DR. DYLAN CAREY & DR. PRISCILLA LEARY
3301 OAKWELL CT, STE 102
SAN ANTONIO, TX 78218
210.832.9993
MAIN@OAKWELLDENTAL.COM

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT REQUESTS FOR TRANSFER OF DENTAL RECORDS

By signing this completed form, I authorize the transfer of the Dental Records maintained by Oakwell Dental Care, for the following patient(s)

Patient(s) Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

To the following Dentist on my behalf:

Dentist: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Signature of Patient/Parent or Guardian of Patient:

Date:

