

Ellen Donohue, DDS and NATHAN LUKES, DDS

10998 O'Malley Centre Drive

Anchorage, Alaska 99515

Phone 907-561-5154

Fax 907-561-2253

dental@49thstate.net

CONSENT FROM PATIENT TO RELEASE DENTAL RECORDS

Date: _____

TO: (Current Dentist) _____

Patient Name/Names: _____

Date of Birth (Person requesting) _____ SSN: _____

Release To: _____

I request and authorize the above named health care provider to release my dental records to the person and/or organization named in this request.

Patient Signature: _____

Date: _____