Eagle Summit Dental Group
Sanders, Fuller, & Land
10928 Eagle River Rd. Ste. 240
Eagle River, Alaska 99577
Phone Number (907) 694-8234
Fax (907) 694-8225

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD

_____ _____

Patient's Name DOB

_____ _____

Patient's Name DOB

_____ _____

Patient's Name DOB

_____ _____

Patient's Name DOB

_____ _____

Address

_____ _____

City State Zip Telephone number

I, _____, authorize Eagle Summit Dental Group to request my previous dental records from:

_____

_____

_____

I, _____, request Eagle Summit Dental Group to forward my dental records to:

_____

_____

_____

_____ _____

Patient's Signature Date