BROWN ROAD DENTAL
FAMILY DENTISTRY

Authorization to Release Records and X-rays

Each adult patient must sign his/her own Authorization to Release form

Requesting records from:

Doctor: _____

Address: _____

_____

Authorized to release records and X-rays to:

Doctor: Dr. Nate Porter, DDS

Address: 855 E Brown Road, Suite 4
Mesa, AZ 85203
(480) 834-6100 office
(480) 834-1477 fax

Patient Information:

Your name: _____

Address: _____

_____

_____

_____
Patient Signature

_____
Date