



Authorization to Release Records and X-rays

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

Dr. Nate Porter, DDS
855 E Brown Road, Suite 4
Mesa, AZ 85203
(480) 834-6100 office
(480) 834-1477 fax

Authorized to release records and x-rays to:

Doctor: _____

Address: _____

Patient Information:

Your name: _____

Address: _____

Patient Signature

Date