

Alaska Center for Dentistry, PC

Authorization to release Dental Records

I authorize Alaska Center for Dentistry, PC to request a copy of my dental records from the following office:

Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Fax Number: _____

Please send records to:
Alaska Center for Dentistry, PC
418 N. Main Street
Wasilla, AK 99654
Phone: 907-373-8455
Fax: 907-373-8456

Signature: _____

Printed Name: _____

Date: _____

Contact Phone Number: _____