

Peterson & Cammack
Family & Cosmetic Dentistry

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Lacey, WA 98503

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**AUTHORIZATION TO RELEASE HEALTHCARE
INFORMATION**

Patient Name: _____

Date of Birth: _____

I hereby request and authorize _____ to release
healthcare information of the above-named patient to:

This request and authorization applies to:

- Current Dental X-rays
- Perio Chart
- Date of Last Cleaning (prophy or PM)
- SRP History

Patient/Guardian Signature: _____

Date: _____