



Pine Ridge Dental, P.C.

5140 South 56th Street
8545 Executive Woods Drive
(402) 423-1100

Pine Ridge Dental Fax (402) 423-1368

Email: ew@pineridgedental.com

Authorization for Releasing Dental Records

Patient's Name: _____

Date of Birth: _____

Dependents you're requesting records for:

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

I authorize Pine Ridge Dental to release copies of my dental records and medical records relevant to dental treatment. I request my records be transferred to:

Name of Office: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax Number: _____	
Email: _____		

Reason for Release: _____

Please allow up to two weeks for records processing and delivery.

Signature/Parent/Guardian

Date

Releasing Doctor/Employee Initials

Date