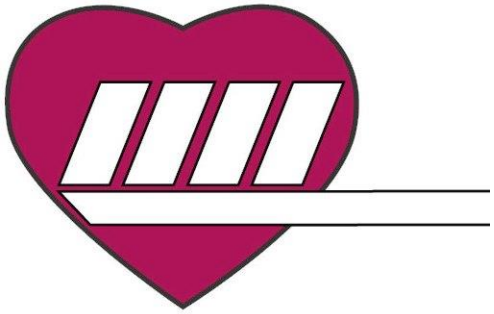

Carrie K. York, DDS
Family and Cosmetic Dentistry

2955 80th Ave SE, Suite 102
Mercer Island, WA 98040
Phone: 206-232-2505
Fax: 206-232-8307
Email: frontdesk@carrieyorkdds.com

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name: _____

Date of Birth: _____ Previous name: _____

I request and authorize: _____

_____

_____

_____

To release original dental records to:

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Please include BW within last 2 years, Pano or FMX within last 5 years, periodontal charting and any history of scaling and root planing with the date of their last recall.

Signature of Patient or authorized representative DATE

Relationship or status if signed by anyone other than patient (parent, guardian, etc.)