

HEALTH/DENTAL INFORMATION RELEASE FORM

In order that we may serve you more efficiently, please fill out the following information.

I _____ give permission for Kenneth M. Sadler, DDS & Associates, PA (Winston Salem Dental Care) to share my health information with the following people who are involved in my care:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature

Date of Birth

Print Name

Date

Office Use Only

Chart Number

Patient Number

Entered into Improvis by: _____
Print Name

Date