Dahlonega Dentistry
Dr. Jin Zeng, DDS
104 Ansley Drive, Dahlonega, GA 30533 • Office: (706) 867-9553

Authorization for Release of Records

Attention Patients - Should we need to refer you to a specialist (ie: Oral Surgeon, Periodontist, Endodontist, etc.) Signing this form gives us permission to transfer any necessary x-rays and/or documents, in regards to your treatment. As well as, requesting information from a previous provider, if required.

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

AUTHORIZES:

_____

(Name of ***Previous*** Dental Provider)

TO DISCLOSE DENTAL RECORDS TO:

☐ Self ☐ Dental Provider ☐ Other _____

Delivery Options... ☐ Mail ☐ Email ☐ Fax ☐ Pick-Up

Send to: _____

(Name of ***Current*** Dental Provider)

PHONE: _____ FAX: _____

EMAIL : _____

SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE:

_____ Date: _____

If signed by a person other than the patient, complete the following . . .

Individual is:

☐Parent / Legal Guardian ☐Legally Incompetent ☐Incapacitated / Deceased ☐Next of kin / Executor

By signing, I understand that the information released per this authorization, if disclosed by the recipient, is no longer protected by Dr. Jin Zeng.