Sugar Bugs Pediatric Dentistry
Tandi V. Donaldson, DDS, MS
Julie Vuong Taylor, DDS
7578 Sheridan Blvd.
Arvada, CO 80003
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AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

****PLEASE ALLOW UP TO 5 BUSINESS DAYS, THANK YOU.****

I hereby authorize Dr. Tandi Donaldson and Dr. Julie Vuong Taylor to release dental records on:

Patient Name and DOB:_____

Patient Name and DOB:_____

Patient Name and DOB:_____

Patient Name and DOB:_____

Address:_____Phone:_____

City:_____State:_____ Zip Code:_____

PERMISSION TO RELEASE (Please initial ONE):

_____ ONLY Dental Xrays/Records taken at Sugar Bugs Pediatric Dentistry

_____ Dental Xrays/Records taken at Sugar Bugs Pediatric Dentistry **AND** any other dental providers

REQUIRES SIGNATURE AT BOTTOM, THANK YOU.

RELEASE TO (We will send by email. If you don't know the email, we need Phone & Address):

Name: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Address: _____

Reason for records request: _____2nd opinion _____transferring due to age

_____transferring elsewhere due to: _____

*****Appointment scheduled at New Dentist? Y N If yes, Appointment date: _____**

******Printed name of Responsible Party (Parent):*** _____

******Signature:*** _____ ***Date:*** _____

********** FOR INTERNAL USE ONLY **********

Date request received: _____ By (initials): _____