

Sugar Bugs Pediatric Dentistry

Tandi V. Donaldson, DDS, MS

Julie Vuong Taylor, DDS

7578 Sheridan Blvd.

Arvada, CO 80003

appt@sugarbugsdds.com

Ph: 303-427-9779

Fax: 303-427-9796

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: _____

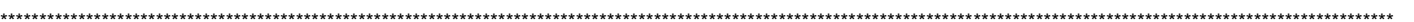


RELEASE TO (We will send by email. If you don't know the email, we need Phone#):

Name: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____



Reason for records request: _____ 2nd opinion _____ transferring due to age
_____ transferring elsewhere due to: _____

****Is there an Appointment set at New Dentist? Y N If yes, Appointment date:** _____



By signing, I give Sugar Bugs Pediatric Dentistry permission to send xrays/records to the dentist/person listed above.

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

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

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

Date request received: _____

By (initials): _____