

(509)926-8866 12120 E Broadway Ave Spokane Valley, WA 99212



# BROADWAY HEIGHTS DENTAL

## Authorization for release of dental records.

I authorize \_\_\_\_\_ to release all of my dental records to Dr. Nathan Cotton D.M.D and Dr. Darrin Rich D.D.S.

Patient: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please send:

Dental xrays, perio chart, and dates for any seated crowns to:

[office@broadwayheightsdental.com](mailto:office@broadwayheightsdental.com)

\_\_\_\_\_  
Patient of legally authorized individual signature.

Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to patient