

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize _____ to release my dental records to:

Mountain View Dental

Benjamin Crusan, DDS
2 South 56th Place, Suite 202
Ridgefield, WA 98642
360-887-1177
360-887-1178 (fax)
DrCrusan@QWestOffice.net

Printed Name _____

Signature _____ Date _____

Please send the following:

Pano/FMX
(Less than 5 yrs)

Bitewings
(Less than 1 yr.)

Perio Charting

If the patient has a history of Perio Scaling and Root Planing, please specify dates of service:

_____.

Thank you.