**House Dental**
3133 E Camelback Rd #190, Phoenix, AZ 85016
(602) 957 4576
housedental.com/



# RELEASE OF RECORDS AUTHORIZATION
## | DOB:

| | |
|---|---|
| Please select which scenario applies to you | |
| What is your previous dentist's name/practice name? | |
| What is your previous dentist's address? | |
| What is your previous dentist's phone number? | |
| What is your previous dentist's email address? | |
| What is your new dentist's name/practice name? | |
| What is your new dentist's address? | |
| What is your new dentist's phone number? | |
| What is your new dentist's email address? | |
| Please send a copy of: | |
| Please send a copy of: | |

### RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to doctorhouse@msn.com.

Practice Name: House Dental
Practice Address: 3133 E Camelback Rd #190, Phoenix, AZ 85016
Practice Phone number: (602) 957 4576

Patient's signature: Date:

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