



Maggie Arwood, LLC dba
3161 E Palmer Wasilla Hwy,
Suite 5
Wasilla, AK 99654-1111

Release of Records Authorization

I hereby authorize release of my Dental records to:

Dental Innovations

office@dentalinak.com

Phone: 907-357-5214

Fax: 907-357-5213

Please include:

Xrays, History, Chart Notes, Patient Demographics (including Insurance information).

Name and phone number of Office to release information:

This Authorization is valid for 1 year from date **below**.

I understand that I may revoke this authorization at any time by providing written notification.

Patient Name:

Date of Birth:

Patient Signature: _____

Date: _____