



ATLANTIS DENTAL CARE
13238 W. Persimmon Lane, Suite 100, Boise, ID 83713
Phone: (208) 938-2468 Fax: (208) 938-2470
Dr. David L. Cantwell, DDS, FAGD

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Name: Atlantis Dental Care, P.A.

Address: 13238 W Persimmon Ln

City: Boise State: Idaho Zip Code: 83713

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

☐ All healthcare information

☐ Other: _____

NOTE: Please e-mail or mail on CD ROM all X-rays if they are in digital format.

E-mail to: info@atlantisdental.com

Patient Signature: _____ Date Signed: _____