

Guilford Family Dentistry

Dr. Meit Hwar See, DDS, PLLC

4929 W. Market St. Suite 2106, Greensboro, NC 27407

Phone: 336-235-2808 Fax: 336-235-2715

guilfordfamilydentistry@hotmail.com

Authorization for Record Release/Receive (Both Medical and Dental)

I, (print Patient or Guardian name) _____ hereby authorize the doctors and staffs of the Guilford Family Dentistry to **receive** records or knowledge of concerning my dental health from

(Full Doctor Name) _____

Address _____

practice phone number _____

I also authorize the doctors and staffs of the Guilford Family Dentistry to **release** records or knowledge of concerning my dental health to

Full Doctor Name _____

Address _____

practice phone number _____

I also authorize the doctors and staffs of the Guilford Family Dentistry to **receive** records or knowledge of concerning my medical health from

Full Doctor Name _____

address _____

practice phone number _____

I also authorize the doctors and staffs of the Guilford Family Dentistry to **release** records or knowledge of concerning my medical health to

Full Doctor Name _____

address _____

practice phone number _____

Signed Patient or Guardian name _____

Print Patient or Guardian name _____

Date _____