

**DR. BRANDON TURLEY**  
**RELEASE OF DENTAL INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Release of Information**

I **AUTHORIZE** the release of my dental information including diagnostic records, examination, treatment plans pre-op/ post op instructions rendered, this may also include any claims information or account information. This information may be released to:

**Name of Spouse, Parent or Other:** \_\_\_\_\_

I **DO NOT AUTHORIZE** any release of information regarding dental treatment or account information to anyone but myself

**This Release of Information will remain in effect until terminated in writing.**

**Messages**

The best time to reach me personally is (day) \_\_\_\_\_ between (time) \_\_\_\_\_

Please call:

my home phone                       my work number                       my cell number

\_\_\_\_\_

If unable to reach me:

you may leave a detailed message: reason for call     please leave me a message asking for a return call

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_