



Dr. Ronald Leyder, Jr. ■ Dr. Logan White ■ Dr. Erin Charnley

837 Seminole Rd. Suite 100
Muskegon, MI 49441
231-780-4100
Fax 231-780-4101
E-mail: HorizonsDental@hotmail.com

AUTHORIZATION TO RELEASE DENTAL INFORMATION

I, _____, DOB _____ - _____ - _____

hereby give my consent to the office of: _____ to release Protected Health Information related to my (and/or family) dental history, status, treatment, copies of my/our dental record(s) and x-rays. This information shall be released to the following:

(New dental office/doctor's name)

(New dental office address)

(New dental office email)

SIGNATURE: _____ **DATE:** _____
(parent or guardian if patient is a minor or disabled)

Names of additional family members whose records are to be released with this request are:

