



Dentistry for Kids

Amy Waxman, DMD & Lisa Honig, DDS
Pediatric Dentistry & Orthodontics for Infants, Children, & Teenagers

Records Release Form

Patient's Name _____

I, _____, hereby
Patient if 18+ /Parent/Guardian Name

authorize Amy Waxman, DMD to provide copies of my or dental records and/or xrays with respect to any dental care and treatment to be transferred to:

Party to Whom the Records Will Be Sent

E-Mail Address

Reason for Record Release

I understand that the specific type of information to be disclosed may include a detailed report of examinations, findings, treatments, prognosis, and copies of any radiographs which pertain to me/my child.

This consent is effective until such date that I can cancel this consent. I understand that the information obtained as a result of this consent may be used after cancellation date.

Signature: _____ Date: _____
Patient if 18+, Parent, or Guardian