



238 East State Rd #2  
Pleasant Grove, UT 84062



485 South Main Street #302  
Springville, UT 84663

## Authorization to Release Copy of Dental Records

I, the undersigned, am over the age 18 and authorize **Grove Creek Dental** or **A Place To Smile** to release a copy of/information from my dental records to the following individuals who are also over age 18 (I.E. a spouse, parent, or significant other):

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_.

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_.

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_.

**NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_.

I understand that I may be charged a nominal fee for this service if paper records are required.

\_\_\_\_\_  
Patient Name (Please Print Legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date