



Northwest Children's Dentistry
7610 N. La Cholla Blvd
Tucson, AZ 85741

Phone: (520) 544-8522
Fax: (520) 877-7703

AUTHORIZATION TO RELEASE PATIENT RECORDS TO OUR OFFICE

For each child you wish to release dental records, please list his or her name and date of birth.

Patient Name

Date of Birth

1. _____

2. _____

3. _____

4. _____

I hereby authorize the release of dental records of the above-named patient(s)

from the following provider:

Name of provider

Parent/ Guardian Signature

date

Please email records and radiographs to: team@nwkidsdds.com

or

Mail to: Northwest Children's Dentistry
7610 N. La Cholla Blvd Tucson, AZ 85741