

Premier Dental Care
6920 S. East Street, Suite A
Indianapolis, In. 46227
(317) 787-6625

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA)**

CONSENT FOR RELEASE OF DENTAL X-RAYS AND/OR DENTAL RECORDS

Please forward all dental records obtained by Premier Dental Care to the following Doctors office (s).

DOCTOR'S OFFICE NAME: _____

DOCTOR'S ADDRESS: _____

DOCTOR'S OFFICE NAME: _____

DOCTOR'S ADDRESS: _____

PATIENT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PATIENT'S SIGNATURE: _____ **DATE** _____