

# Vienna Dental Arts

[www.ViennaDentalArts.com](http://www.ViennaDentalArts.com)

Hanh M. Catanzano DDS

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## Authorization for Release of Dental Records (Please type or print legibly)

I, \_\_\_\_\_, hereby authorize **Vienna Dental Arts** to release the following patient's dental records:

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_

To person/organization:

Person's Name \_\_\_\_\_

Organization's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Patient/Guardian's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date request received \_\_\_\_\_

Date sent \_\_\_\_\_

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