



Paul Crandall, DMD, PA
19735 Kunkleman Dr
Cornelius, NC 28031
Phone 704-892-7488
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MEDICAL / DENTAL RECORD INFORMATION RELEASE

Section 1: Personal Information

Name: Last First Middle Date of Birth:

Name: Last First Middle Date of Birth:

Daytime Phone #:

Section 2: Release Information

Today's Date: Date Records Needed:

Information to be released: Entire Record, X Rays, Other (Describe)

Medical/Dental Records are to be sent to (check one):

Paul Crandall, DMD, PA

19735 Kunkleman Dr
Cornelius, NC 28031

Released to:

xrays@artisandentalcare.com

checkbox

lines for address

Section 3: Authorization for Release

I request that Dr (phone #) release my medical/dental records with the stipulation that the released information be confidential. This information should be forwarded to the location provided above. I understand that this authorization is revocable unless action has already been taken and that unless revoked, it is valid for 90days. I specifically request the release of alcohol, drug, psychiatric and psychological records, information relating to pregnancy, sexually transmitted disease, HIV testing, AIDS, AIDS-related syndromes, reports concerning cancer, cancer testing, and cancer results.

Signature

Date