

Michael and Chan Smiles, Ltd.  
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SPARKS, NV 89431  
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FAX (775) 358-5344



Date: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Release of Information & Diagnostic Films**

I hereby authorize the release by Michael and Chan Smiles, Ltd., of all or part of the above patient's dental records and/or dental x-rays to Dr.

\_\_\_\_\_, or a member of their staff at the address:

\_\_\_\_\_

**A COPY OF THIS FORM IS AS VALID AS THE ORIGINAL**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Is it ok to put this chart in storage?      Yes      No

(Michael and Chan Smiles, Ltd. keeps all medical records until the patient's 27<sup>th</sup> birthday)