Bright Smile Dental Care

Bright Smile Dental Care
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Sung Kong, DDS.
Sanabel Younes DDS.

RELEASE OF INFORMATION

I,_________________________________ herby authorize **Bright Smile Dental Care** to provide

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with copies of my dental records with respect to any dental care and treatment that I have received.

I understand that the specific type of information to be disclosed may include a detailed report of examinations, treatment provided, x-rays and all other records which pertain to me.

This consent is effective until such date as I can cancel this consent. I understand that the information obtained as a result of this consent may be used after the cancellation date.

Signed:____Patient

Signed:____ Parent, Legal Guardian

Email address to where records should be sent and phone number.

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Date:__________________________