MOUNTAINSIDE DENTAL CARE
Joshua Crosby, DDS
Michael Haymore, DDS
Rulon Eric Hartvigsen, DDS
9000 N. Oracle Rd. Bldg B
Tucson, AZ 85704
520-297-5422
520-297-5424 fax
mountainsidedc@gmail.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name_____ DOB_____

Patient Name_____ DOB_____

Patient Name_____ DOB_____

I request and authorize

_____
_____
_____
_____ to release healthcare information of the patient named above

To:
Mountainside Dental Care
Joshua Crosby/Rulon Eric Hartvigsen/Michael Haymore

The request and authorization applies to:

____ Dental records
____ Treatment History
____ Current radiographs
____ Perio Charting

Records/Xrays can be emailed to: mountainsidedc @gmail.com

_____ _____
Patient Signature Date