



Destin Harbor Dental

Family & Cosmetic Dentistry

JAMISON L. PLANTZ, D.M.D., P.A.

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## AUTHORIZATION FOR RELEASE OF INFORMATION

TO DR. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

This is to authorize you to provide Dr. Jamison L. Plantz D.M.D., PA at 305 Harbor Blvd. Destin, FL 32541 **any recent x-rays** pertinent to dental health. A copy or facsimile of this authorization shall be valid as original. **Also Pano/ FMX 5 years or less.** Thank you.

Patient: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Please Print

Patient/ Guardian Signature: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Witness: \_\_\_\_\_