



**SALIDA  
FAMILY DENTISTRY**

Advanced Technology. Friendly Staff.

Brent Sites, DDS Keith Wilken, DMD Robert Provorse, DDS

Date of Request \_\_\_\_\_

My permission is granted to Dr. (former dentist) \_\_\_\_\_

Phone (former dentist) \_\_\_\_\_ City, State \_\_\_\_\_

To disclose to (new dentist) \_\_\_\_\_

Complete information concerning the medical findings and treatment of:

\_\_\_\_\_  
PATIENT NAME

From \_\_\_\_\_ to \_\_\_\_\_

I release Dr. (former dentist) \_\_\_\_\_

From any laws related to disclosure of confidential or privileged information.

Signature \_\_\_\_\_

PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT

Witness \_\_\_\_\_ Date \_\_\_\_\_

Please email x-rays to [referrals@salidafamilydentistry.com](mailto:referrals@salidafamilydentistry.com). We also accept records by fax and mail.