



**Brent H. Barroso-Bernier, D.D.S**

**Kendall Bernier, D.M.D**

674 Merrimon Ave. Suite 230

Asheville, NC 28806

☎: (828) 774-5777 📠: (828) 774-5723

✉ Email: [office@northashevillefamilydentistry.com](mailto:office@northashevillefamilydentistry.com)

## **AUTHORIZATION TO RELEASE DENTAL RECORDS**

PLEASE COMPLETE ALL SECTIONS, DATE AND SIGN.

### **Patient Information:**

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

North Asheville family dentistry may release the following information:

☐ Entire Record

☐ Financial Records

☐ Office Visit Notes

☐ Xrays

### **Entity or person who will receive the information:**

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This authorization will be in effect until the information has been forwarded or up to 90 days whichever comes first.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date