

Robert C. Rogers DDS, PA

980 Lee -Ann Drive NE Concord, NC 28025
704-793-1535 phone 704-746-9670 fax

Release of Dental Records

Patient	Address	Date of Birth

Name and address of covered entity authorized to release information:

Please forward patient records including current radiographs to :

Robert C. Rogers, DDS
980 Lee-Ann Drive
Concord, NC 28025
Email: Tara@drrobertrogersdds.com

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. I understand that information disclosed as a result of this authorization maybe subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the address above and that a revocation is not effective if the information has already been disclosed but will effective going forward. I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification to Robert C. Rogers, DDS, PA.

Signature of patient or personal representative

Date