Artistic Dentistry
COSMETIC DENTISTRY OF HUNTSVILLE
MICHAEL S. PUGH D.M.D.

108 CENTRAL AVENUE • HUNTSVILLE, AL 35801
OFFICE: 256.536.3386 • FAX: 256.536.3387

Medical Records Release and Authorization for Use or Disclosure of Protected Health Information

Please complete the following information:

Patient Name: _____ Date of Birth: _____/_____/_____

Address: _____

Phone: _____

I authorize _____
name of previous dentist
to disclose/release the following information:

X-ray/radiology records
Periodontal Treatment records
Extraction Dates of missing teeth
Prior placement date of Prosthetic/Restorative treatment

Please release the records listed above to:

Michael Pugh DMD, P.C.
108 Central Ave Huntsville, AL 35801
(256) 536-3386 office (256) 536-3387 fax
amy@artisticdentistry.net

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

_____ _____
Signature of patient Date