

# Southern Arizona Periodontics, P.L.C.

## Periodontics and Dental Implants

Edward R. Cole, D.D.S. \* Susan B. Sharp, D.D.S

Diplomate of American Board of Periodontology

5225 E. Knight Drive, Suite 401

Tucson, Arizona 85712

(520) 322-9300

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Southern Arizona Periodontics, PLC to release the records of  
Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please print*

#### Mail To:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

#### E-Mail To:

\_\_\_\_\_  
*Email Address*

Will Pick-Up at:     *Knight Drive Office*    or     *Cool Drive Office*

Reason For Request:

Moving Out Of Area                       Second Periodontal Opinion

New General Dentist                       Other \_\_\_\_\_

*Patient's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***Release of Private Information to a Patient's Spouse:*** Under HIPAA guidelines, you must have a signed consent form from the patient in order to release or discuss a patient's health care with his or her spouse.

*Doctor Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Original x-rays, models, periodontal numbers, chart notes, etc are property of Drs. Cole and Sharp. Only copies will be relinquished to the patient as per legal government regulations.**

Please mail your request to the Knight address above or Fax it to: **520-322-6889**