

Southern Arizona Periodontics, P.L.C.

Periodontics and Dental Implants

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**