



Aquia Dental Care

Norma D. Gutierrez, D.D.S.

Records Release To Patient

Monday, August 31, 2015

I, _____ authorize to have dental records released from Aquia Dental Care. These records are to include x-rays, treatment notes, charting, photographs, or other notations relevant to dental treatment.

Patient(s) name

Records may be released to the following office:

Office phone number & email address: _____

Signature of Patient or Responsible Party

Date