



Susan Blankenship, DMD
Dentistry for Children
And Teenagers

Phone: 727-446-4699
Fax: 727-771-6804
35036 US Highway 19 North
Palm Harbor, Florida 34684
www.my2frontteeth.com

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Date: _____

I, _____ authorize Dr. Susan Blankenship's office to release dental records (to include, but not limited to x-rays) for the following patients. Please email this completed form to BigSmiles@my2frontteeth.com

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

Please forward this information to: _____

Email: _____

BY MY SIGNATURE I AUTHORIZE RELEASE OF RECORDS

Parent/Guardian: _____ Date: _____