

**George F. Bork, DMD
One Manor Drive
Hampton, NJ 08827
(908) 537-4248**

Date:

Patient Name:

Authorization to Release Dental Records

I, _____ hereby authorize the office of George F. Bork, DMD to release my dental file to the following person / facility. I understand that your office can only release the records of Dr. Bork and any reports contained in my file from another dental office must be requested directly from that particular office. I also understand that this release must be signed each time I request records to be forwarded or copied for my personal use. I also understand that diagnostic studies such as x-rays cannot be faxed only mailed. We also cannot courier / mail diagnostic casts, therefore I will need to personally come to the Hampton, NJ office to receive these.

Signature _____ Date _____

Relationship _____

What records are being requested?

Who should these records be mailed / faxed to?
(We require 48 hours notification to pull your file, copy records and forward to the below)

When do the records need to be received by?

Who will be coming to the office to pick up these records for you? (If applicable)

Print Name _____ Relationship _____