



Glennallen Family DENTISTRY

K. Brent Shedlock, DDS

P.O. Box 789 | Mile 187 Glenn Highway | Glennallen, AK 99588

Phone: (907) 822-3693 | Fax: (907) 822-3694

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Patient Name: _____

Date of Birth: _____

This authorization to release dental records will expire:

- When information is received
 In Six Months
 On Date _____

- In One Year
 In Three Years

The above-named person is or has been a patient of:

I hereby authorize _____ (dentist Name and/or
clinic name) to send my dental records to:

Glennallen Family Dentistry
K. Brent Shedlock, DDS
P.O. Box 789
Glennallen, AK 99588
Fax: (907) 822-3694

Signature of Patient or Authorized Representative

Date