



Glen Ellyn Pediatric Dentistry, P.C.

Practice Limited to Pediatric Dentistry

Authorization to Release Dental Records

Please complete this form if you are changing dental practices and either mail it to our office at 45 S. Park Boulevard, Suite 105, Glen Ellyn, Illinois 60137 or fax it to 630-858-6204. Requests will usually be processed in five (5) business days.

Today's Date

Child's Name

Child's Date of Birth

Child's Home Address

City

State

Zip

I authorize the release of information, including medical and dental prognosis, and dental x-rays to the following party:

Name

Address

City

State

Zip

Phone

Fax

Email Address

Responsible Parent or Guardian Signature

Date