

Nina V. Aks, D.M.D.
General, Cosmetic & Implant Dentistry

20500 Seneca Meadows Pkwy, Suite #2220
Germantown, MD 20876

Phone: (301) 916-8570
Fax: (301) 916-8579

PATIENT REQUEST FOR COPY OF RECORDS
And
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize Dr. Nina Aks to disclose and provide copies of any and all of my dental records to:

These records include, but are not limited to: account statement, personal patient information, medical/dental histories, examination records, radiographs, clinical photographs, treatment plans, treatment records, referral/consultation reports, diagnostic models, and other related materials.

I, the undersigned, expressly release from liability the above named person from any and all liability arising from compliance with this request and disclosure of the requested information.

Patient Signature

Date

Patient name (please print)

Date of Birth