



Paul Crandall, DMD, PA
19735 Kunkleman Dr
Cornelius, NC 28031
Phone 704-892-7488
Fax 704-892-3292

MEDICAL / DENTAL RECORD INFORMATION RELEASE

Section 1: Personal Information

Name: Last First Middle Date of Birth:

Name: Last First Middle Date of Birth:

Daytime Phone #:

Section 2: Release Information

Today's Date: Date Records Needed:

Information to be released: Entire Record
X Rays
Other (Describe)

Medical/Dental Records are to be sent to (check one):

Paul Crandall, DMD, PA Released to:
19735 Kunkleman Dr generalinfo@artisandentalcare.com
Cornelius, NC 28031

Section 3: Authorization for Release

I request that Dr (phone #) release my medical/dental records with the stipulation that the released information be confidential. This information should be forwarded to the location provided above. I understand that this authorization is revocable unless action has already been taken and that unless revoked, it is valid for 90days. I specifically request the release of alcohol, drug, psychiatric and psychological records, information relating to pregnancy, sexually transmitted disease, HIV testing, AIDS, AIDS-related syndromes, reports concerning cancer, cancer testing, and cancer results.

Signature

Date