

# Maple Leaf Dental

7750 15th Ave N.E., Suite A, Seattle, WA 98115 • (206) 402-3402 • Fax: (206) 402-3460

## AUTHORIZATION FOR RELEASE OF RECORDS

to release information and x-rays contained in my dental records from:

I, \_\_\_\_\_, hereby authorize:

(previous dentist/clinic name)

\_\_\_\_\_

(address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

(phone/fax number) \_\_\_\_\_

and send my dental records to:

Maple Leaf Dental  
Jia Wang, DDS, PLLC  
7750 15th Avenue NE, Suite A Seattle,  
Washington 98115  
office@mapleleafdental.com

Information requested: Full mouth/panoramic x-rays if less than 5 years old, most recent bitewings, periodontal charting, date and type of the last dental cleaning and any other information or reports that would be useful for future treatment.

Dr. Wang DBA Maple Leaf Dental are hereby released from all legal responsibility or liability for the release of the above-mentioned disclosure of information.

Signature of Patient \_\_\_\_\_

Printed Name of Patient \_\_\_\_\_

Date \_\_\_\_\_