Shane Parsons, DMD
605 Jefferson Ave.
Cottage Grove, OR 97424
541-942-9171
FAX: 541-942-1116
drshaneparsons@gmail.com

Authorization to Release Information

Patients Name: _____

Patients Date of Birth: _____

I hereby authorize the release of my dental records. Please provide the following dental records.

- Chart Notes
- Radiographs
- Periodontal records

Please release records to:

Shane Parsons, DMD
605 Jefferson Ave.
Cottage Grove, OR 97424
drshaneparsons@gmail.com

Patient Signature: _____

Date: _____