

Joseph R. Loftus, D.D.S.
15850 Dallas Parkway
Dallas, TX 75248
(972)587-4020

Authorization To Release Dental Records

To Whom it May Concern:

I, _____, hereby authorize the release of my dental records, including all current x-rays, digital images, and any other pertinent information that would be necessary for my dental care to:

Joseph R. Loftus, D.D.S.
15850 Dallas Parkway
Dallas, TX 75248

Patient Name

Date of Birth

Signature of Patient(or person legally authorized consent on patient's behalf)

Date of Signature