The Dental Center at Harris Ranch
SHANE D. VANIA, DDS

AUTHORIZATION TO RELEASE DENTAL RECORDS

Release To: Shane D. Vania, DDS
5143 E. Warm Springs Ave.
Boise, ID 83716
(208) 392-9900
harrisranchdentist@gmail.com

From: ____
(Dentist)
____
(Address)
_________________________ ____________________ _______________
(City) (State) (Zip)

_________________________ ____________________________________
(Phone) (Fax)
____
(E-Mail)

PATIENT FULL NAME___________________________**DATE OF BIRTH**__________________
___________________________ __________________
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I give permission to release my dental records including: X-rays, Clinical records, Chart Notes and Health Information

____
(Name)
____
(Date)