

Porch & Yokley, DMD, PC

115 Rainbow Drive
Madison, AL 35758
(256) 837-3274
FAX (256) 837-3696

Request for Release of Dental Information
(all patients age 18 and older must sign form)

Patient
Name: _____ **Date of Birth:**

I AUTHORIZE:

Practice Name:

Address:

Phone/Fax:

to release my dental records to:

Porch & Yokley, DMD, PC

115 Rainbow Drive
Madison, AL 35758
(256) 837-3274
FAX (256) 837-3696

I authorize Drs. Porch and Yokley to release my dental records to:

Practice Name:

Address:

Phone/Fax:

PATIENT
SIGNATURE: _____ **Date:**