

Peace Dental, P.C.
1509 Mount Royal Blvd.
Glenshaw, PA 15116-2207
(412)486-5155

Records Release Form

December 6, 2019

Patient Name: _____

Date of Birth: _____

My permission is granted to all providers at Peace Dental, PC to disclose to:

Complete information concerning the medical findings and treatment of patient:

For dates of service: _____

I release Peace Dental, PC and all of its providers from any laws related to disclosure of confidential or privileged information.

Patient Signature: _____

Address: _____

Witness: _____

Date: _____