

**Loving Family Dental  
16838 East Palisades Blvd.  
Building A, Suite 111  
Fountain Hills, AZ 85268  
Ph. 480.836.7600 Fax 480.836.1502  
lovingfamilydental@hotmail.com**

---

**Consent for release of records from:**

**Dentist Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**I, \_\_\_\_\_, consent to have copies of my dental records including notes, probings, and radiographs forwarded to**

**Loving Family Dental  
16838 East Palisades Blvd.  
Building A, Suite 111  
Fountain Hills, AZ 85268**

**Patient name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_