



POLLY T. MICHAELS, DMD, DABOI/ID, FICOI, FAAID
Diplomate, American Board of Oral Implantology
Board Certified Oral Implantologist

RELEASE OF RECORDS

I HEREBY AUTHORIZE THE RELEASE OF MY DENTAL RECORDS TO INCLUDE:

- _____ copies of dental x-rays
- _____ copies of patient information including medical history and current medications
- _____ copies of clinical treatment notes

From: _____

To:
 Michaels Center for Dental Excellence
 Polly T. Michaels, DMD, DABOI/ID, FICOI, FAAID
 10280 Yale Avenue
 Weeki Wachee FL 34613

Signature _____ Date _____

Print _____

Date of Birth _____