

Calcaterra Family Dentistry

Nicholas Calcaterra DDS

Carla Calcaterra DDS

291 S. Lambert Rd Ste 1, Orange, CT 06477

www.orangectdentist.com (203) 799-2929

Consent to Release Dental Records

I, (print name) _____ hereby authorize the release of my dental records from Calcaterra Family Dentistry.

I understand that once my private health information is released to me or my designee, Calcaterra Family Dentistry is no longer responsible for safeguarding that specific written and/or electronic health information just released. I agree to keep my health information as safe and secure as possible.

Please release my records in the following manner:

- Pick up the records in person.
- Authorize another individual, _____, to pick up the records on my behalf.

Please note that we require a Photo ID of the person you have designated to pick up your records and he or she must be at least 18 years of age.

- Send or email the records to the following address:

Patient Signature

Date

If minor, Signature of Parent or Guardian

Witness Signature

Date