

EVERGREEN FAMILY DENTAL

Evergreen Prosthodontic Associates, LLC
203-259-7870

Minsung Yoon, DDS, MS

1300 Post Rd., suite 101
Fairfield, CT 06824

AUTHORIZATION FOR RELEASE OF MEDICAL/DENTAL RECORDS

Patient's Name

Date of Birth

Date

I hereby request and authorize the release of all information, without limitations, regarding any medical/dental condition, as revealed by your observation or treatment, past, present or future.

This includes photocopies of medical and/or dental histories, x-ray findings, diagnosis, treatment, prognosis, and copies of radiographs.

I request that you release the above information as soon as possible to:

EVERGREEN FAMILY DENTISTRY

MINSUNG YOON, DDS, MS
1300 POST RD. suite 101
FAIRFIELD, CT 06824

Please email radiographs to: yoondsfairfield@gmail.com

Patient's (or Legal Guardian's) Signature

Date