ORAL & FACIAL SURGERY CENTER

620 W 32ND St Suite A | **1602 N Broadway**
Joplin, MO 64804 | **Pittsburg, KS 66762**
P. 417-621-0500 | **P. 620-670-6775**
F. 417-781-5809 | **F. 620-670-6776**

Dale R. Bays, DDS, MD Bradley R. Burnett, DDS

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient's Full Name_____

Patient's Date of Birth_____ SS#_____

I Hereby Consent & Authorize the Oral & Facial Surgery Center to:

_____OBTAIN FROM: _____RELEASE TO:

_____

(name from whom records are to be obtained or to whom records are to be sent)

City, State, Zip_____

Telephone Number _____ Fax Number _____

SPECIFIC RECORDS TO BE RELEASED OR OBTAINED BY CHECKING BELOW:

All medical records ___ Operative reports ___

Pano ___ Other _____

I request records for the following purpose: _____

_____

I further release the physician & staff of the Oral & Facial Surgery Center from any liability arising from the release of this information to the above stated facility or person, provided that the said release is performed in accordance with the applicable law.

_____ _____
SIGNATURE OF PATIENT /GUARDIAN RELATIONSHIP TO PATIENT

_____ _____
SIGNATURE OF WITNESS DATE

A photocopy of this request is as valid as the original. Signature on file will be considered valid indefinitely. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

(revised 10/28/2020)