Sheryl Nelson, D.D.S.
781 Academy Drive
Solana Beach, CA 92075
858-720-9292 (phone)
858-794-7765 att: Dr. Nelson (fax)
email: info@SherylNelsonDentistry.com

Consent Form to Release/Receive Dental Records

Date: _____

Please check one:

☐ Please release my dental records to:

Sheryl Nelson D.D.S.
781 Academy Drive
Solana Beach, CA 92075

☐ I authorize Sheryl Nelson, D.D.S.' s office to request my dental records from:

_____
_____
_____

I hereby authorize the selected above to either release or receive my dental records including office notes, x-rays, operative reports, and any information regarding dental consultations and treatment I have received.

_____
Patient's First and Last Name

_____
Date of Birth

_____
Social Security Number

_____
Patient OR Guardian Signature

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with HIPAA privacy regulations.