



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, allow Osmanski Dental to release my current records to:  
(Print Name)

\_\_\_\_\_  
(Office Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Zip)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Email Address)

I also request the current records for the following members that I am legal guardian for:

\_\_\_\_\_  
\_\_\_\_\_

My reason for changing dental providers is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

Please allow us 5 business days, from the date we receive this request, for completion. If there is anything else we can assist you with, please do not hesitate to call.