



Steven A. Milman, D.D.S.
*Specializing in Periodontics
and Dental Implants*

Release of Records

I, _____, hereby allow Dr. Steven Milman and/or staff to release my dental records.

In the event that my insurance company requests all or a portion of my records, I give my consent to Dr. Steven A. Milman and/or staff to release such information. I give Dr. Steven A. Milman and/or staff full permission to discuss my medical history, diagnosis and treatment plan with my physicians and dentists as applicable. I give Dr. Steven A. Milman and/or staff full permission to release information to laboratories, insurance companies and/or other outside source relating to my treatment. I understand all outside sources are HIPPA compliant.

I understand that if I choose to use in-office financing, a credit report will be run on all applicants. I give my full consent to Dr. Steven A. Milman and/or staff to obtain my credit report.

I understand that records may include but are not limited to: dental x-rays, dental photographs, periodontal charting and treatment notes. I further understand that if the records are being released to either me or a member of my family, they become my full responsibility. I understand that failure to return these records to Dr. Steven A. Milman may result in having to pay for the services to be repeated.

Signature of Patient

Date

Signature of Witness

Date