

Alamont Dental Associates
401 Martin Luther King Jr. Boulevard
Bristol, Tennessee 37620
Phone: (423)-968-4422
Fax (423)-968-3477

Authorization for Release of Dental Records and X-rays

I, (print patient or guardian name) _____,
hereby authorize any dentist, medical practitioner or hospital that has records or
knowledge concerning my dental health to release all such records and information to:

Alamont Dental Associates, P.C.
401 Martin Luther King Jr. Boulevard
Bristol, TN 37620

Phone: (423)-968-4422
Fax: (423)-968-3477

Your assistance in mailing these records to us is greatly appreciated. I specifically
request that you release copies of:

All diagnostic information including: radiographs, photographs, study models,
treatment notes and treatment plans.

Other _____

Signed (patient or guardian name) _____

Printed name _____

Date _____
