

## **North Hills Dental**

## Dr. Joshua Rowley HILLS Authorization to Release Medical/Dental Information

433 SE Baseline St. Hillsboro, Oregon 97123 Phone: 503-648-4431 Fax: 503-640-0896 info@yourhillsborodentist.com I authorize the release of any dental records requested by (new dentist name) If you have any further questions you may call our office. If this is for the family, please list names of members younger than 18 years of age: Please send (preferably by email) most current: ☐ Bite-Wings □ Pano ☐ Perio Chart □ PA's I understand that only a *copy* of my records will be given. The original record remains the property of Dr. Josh Rowley, DMD and will be maintained at the office in accordance with Oregon state laws. Patient Signature Print Name Date If minor (parent/guardian signature)

Previous dentist	
Office fax number	

Office phone number