Chad A. Millay, D.M.D.
Family Dentistry
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Hebron, Kentucky 41048

RECORDS RELEASE AUTHORIZATION

AUTHORITY TO RELEASE RECORDS IS FOUNDED UPON KENTUCKY LAW (K.R.S. SUBSECTIONS 422.317), WHICH STATES THE PATIENT MUST PROVIDE A WRITTEN REQUEST FOR THE RELEASE OF RECORDS.

To: _____

_____
Address

_____
City State Zip

I hereby, consent to the release of dental records in your possesion for myself and the following family members (a separate release form is necessary for each adult).

Name Date of Birth

_____
_____
_____
_____

Please forward records to:

_____

_____

_____

My current address . _____
Home Phone: _____
Work Phone: _____
Thank you for your attention to this matter.
Signature: _____