ADVANCED

PERIODONTICS & IMPLANTS

INSTRUCTIONS FOR COMPLETING AUTHORIZATION

The following form is to be completed when you desire to either: establish care with Dr. Recker, to transfer your care from another current provider or when more information is necessary regarding past dental/periodontal treatment.

Instructions:

1. Please fill out the necessary areas on the form:
    - Name - please fill out your complete name
    - Date - today's date or the date the records request is being made
    - Institution - the office or name of the provider (dentist, periodontist, etc.) that you are requesting your records from
2. Please sign and date
3. Submit the form either:
    - Directly to the Institution the Request if being made from, or to
    - Advanced Periodontics and Implants, where we will forward the Request to the Institution

We will let you know if any more information or actions are needed from you. There is no need to directly interact with the Institution, if you would prefer not to. Advanced Periodontics and Implants can take care of any necessary interactions on your behalf once the Institution has received this Authorization.

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AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION

Name:_____

Date of Birth:_____

Records to be requested from:_____

I voluntarily authorize and direct the institution/provider listed above to send my dental/periodontal records and information to the recipient I have identified below.

Recipient: Name of person or class of persons to whom my dental/periodontal care provider may disclose my periodontal/dental information to:

Advanced Periodontics and Implants
Bryan M. Recker, D.D.S., M.S.

Records and/or radiographs may be sent by US mail, facsimile or email using the contact information located at the bottom of this form.

Purpose: I understand that the specific purpose of this Authorization is at the request of the patient.

Information to be Disclosed: This Authorization permits the above provider to disclose all of my health information that the provider has in his or her possession, including:

- Medical/Dental histories on file
- All treatment notes
- All dental/periodontal charting
- All correspondences with other dental/medical professionals
- All radiographs on file
- Manufacturer information on all materials used in treatment (e.g. bone, membrane, soft tissue allograft, implant, etc.)

_____ _____

Signature Date