

Hidy Stavarache, D.D.S.

Family and Cosmetic Dentistry

9910 W. Cheyenne Avenue, Suite 170 Las Vegas, Nevada 89129

(702) 233-8371 Fax (702) 233-8692

contactus@stavarachefamilydental.com

Request for Records

I hereby authorize _____ to release the information

In the dental record of _____ to:
(patient's name) (date of birth)

Hidy Stavarache, D.D.S., Ltd.

9910 W. Cheyenne Avenue, Suite #170

Las Vegas, NV 89129

contactus@stavarachefamilydental.com

This authorization is effective now and will remain in effect until _____.

I understand that I may receive a copy of this authorization.

Signature Date

If not signed by the patient please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient