

To the attention of: _____
Current or previous dental practice

**AUTHORIZATION TO RELEASE DENTAL/MEDICAL
INFORMATION**

PLEASE RELEASE THE FOLLOWING INFORMATION TO:

Oloph K. Granath, DDS

2345 Fourth Street

Santa Rosa, CA 95404

Office# 707-528-9411 / Fax# 707-474-3822

Email to: records@stunningsmiles.com

X-rays History Diagnosis Treatment Reports Other

Name: _____

Relationship: Self Parent Guardian Custodian

Signature: _____

Date: _____