Northside Office
Cascade Building
101 W Cascade Way Suite 202
Spokane, WA 99208
Phone (509)466-9638
Fax (509) 466-8381

South Hill Office
Stone Ridge Building
2807 S Stone Suite #101
Spokane, WA 99223
Phone (509)536-5360
Fax (509)536-8381

Cascadedentalcare@yahoo.com

Authorization to release health care information

Patient Name: _____
Date of Birth: _____
Other Patients: _____

I request and authorize the release of the most recent health care information of the patient named above to Cascade Dental Care.

FMX/ Pano: if taken within 5 years
BWX: if taken within 1 year
Periodontal Charting

_____ _____
Signature of Patient or Guardian Date