

Dental Health Specialists, PLLC  
7965 Custer Rd #114  
Plano, TX 75025  
Tel: (469) 300-6664  
Fax: (469) 864-8414

Dear Doctor,

I hereby authorize you to release any information or records regarding my dental treatment to Dental Health Specialists, PLLC at the above address. Please send any current radiographs or any information that would be helpful in my dental treatment.

Thank you for your cooperation.

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Patient/Guardian Signature

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Date