



Implant, Cosmetic & Prosthetic Dentistry
Steven H. Goldstein, DDS

Website: www.stevenhgoldsteindds.com

AUTHORIZATION FOR RELEASE OF MEDICAL/DENTAL RECORDS

To: Steven H. Goldstein, DDS

10752 N. 89th Place, Suite 217 Scottsdale, AZ. 85260

E-Mail: info@stevenhgoldsteindds.com

Phone: 480-614-1597 Fax: 480-614-1593

Re: _____

(Patient Name)

(Date of Birth)

This is to authorize Dr. Steven H. Goldstein to obtain x-rays, records, opinions, and all information regarding my dental treatment which you may have in your possession.

Dated: _____ Patient Signature _____

Parent/Legal Guardian _____

(If patient is a minor)