

Ultimate Smile Dental, PC  
Ricardo Huerta-Andrade, DDS  
7181 State Rt 96  
Victor, NY. 14564  
Phone: (585) 924-4050  
Fax: (585) 924-4905

Authorization for Release of Dental records and X-rays

I \_\_\_\_\_ hereby authorize my dentist, medical practitioner, or hospital that has records or knowledge concerning my dental health to release all such records and info to:

Dr Ricardo Huerta-Andrade, DDS  
C/O Ultimate Smile Dental, PC  
7181 State Rt 96  
Victor, NY. 14564

Your assistance in mailing these records to Dr Ricardo is greatly appreciated.

I specifically request that you release copies of:

Latest full mouth x-rays.  
Latest treatment notes.  
Latest diagnostic information

Signed: (patient or guardian)

Printed name:

