



Dr. Paul W. Bivens

12950 Race Track Road, Suite 107, Tampa, FL 33626
Phone: 813.749.7556 Fax: 813.749.7526

AUTHORIZATION TO RELEASE PATIENT RECORDS

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release records and knowledge regarding my dental health to:

Name: Bay Dental Specialists

Address: 12950 Race Track Road, Suite 107

City: Tampa State: FL Zip Code: 33626

This request and authorization applies to:

Dental/Healthcare information relating to treatment, conditions, or dates: _____

All x-rays

Other: _____

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.