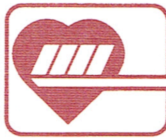

Central Oregon Dental Center

MICHAEL R. HALL, D.D.S.

1563 NW Newport Avenue • Bend, Oregon 97701 • 389-0300 • Fax 330-9753

Authorization to Release Records

This authorization must be written, dated and signed by the patient or by a person authorized by law to give this authorization.

Patients Full Name:_________________________________Date of Birth:_________

Please indicate Records to be released:

Medical/Dental Records_____

Financial Records _____

We will not process until given complete Name, Address and Phone (Fax) Number.

Release to: Central Oregon Dental Center
Michael R Hall DDS
1563 NW Newport Ave
Bend, Or 97701
Email to: codental@bendbroadband.com

Release from: ____________________________________

____

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____ _____________

Signature (Patient or Personal Representative) Date