Granite Dental
Dr. David Keller
215 NW 78th Street
Vancouver, WA
98665 360.693.2577

Authorization to Release Healthcare Information

Patient name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Previous Office Name:_____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

I request and authorize Dr. _____ or a staff member to release health care information for the above named patient to:

David A. Keller D.D.S.
215 NW 78th Street
Vancouver, WA 98665
Phone: 360-693-2577 Fax: 360-693-0926
Email: appointments@granitedental.com

Please send the most recent x-rays, periodontal charting, and any other pertinent information regarding this patient.

Signature _____: Date: _____
Patient, Parent or Guardian