

Authorization to Release Information to
Dr. Jeffrey A. Burns
933 Hartford Turnpike
Vernon, CT. 06066
860-870-4410
860-870-2567Fax
frontdesk@drjeffreburns.com

I Hereby Authorize:

To release a copy of my dental record and/or x-rays to Dr. Jeffrey A. Burns.

The copies are to be:

Mailed _____

E-mailed _____ (jpegs Please)

Faxed _____

Picked up by _____

Patient's Name _____

Date of Birth _____

Patient/Parent Signature _____

Date _____

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If you have received this fax in error, please contact us at:

Office Name: Jeffrey A. Burns, D.M.D.
HIPAA Privacy Officer: Dr. Jeffrey Burns
Phone Number: 860-870-4410
Email Address: drburns@drjeffreburns.com