CASCADE
DENTAL CARE

Northside Office
101 W Cascade Way Suite 202
Spokane, WA 99208
P: (509) 466-6938
F: (509) 466-8381

South Hill Office
2807 S Stone St Suite 101
Spokane WA 99223
P: (509)536-5360
F: (509) 536-5981

Authorization To Release Healthcare Information

Sending and Receiving

Patient Name:_____

Date of Birth:_____

Other Patients:_____

I request and authorize the release of the most recent healthcare information for

the patient named above to: _____

Please include if possible:

- **FMX or PANO if taken within 5 years**
- **BWX if taken within 1 year**
- **Periodontal charting**

_____ _____

Signature of Patient or Guardian **Date**