



Ankeny Children's Dental

Christopher R. Myers, DDS · Julie A. Smith, DDS · Ashley M. Daniels, DDS
310 NW 18th Street · Ankeny, IA 50023 · 515-963-9600
www.ankenychildrendental.com · smile@ankenychildrendental.com

Specializing in Dentistry for Infants, Children, Adolescents, and Children with Special Health Care Needs

Authorization for Release of Dental Records

I hereby voluntarily authorize the use and/or disclosure of my dental information as described below. This authorization is effective for one year from the date on which it was signed. I understand that I may revoke this authorization at any time, except if action has already been taken in reliance upon it, by giving written notice to Ankeny Children's Dental. I understand that I have the right to inspect the information to be disclosed upon the proper notification to and under conditions established by Ankeny Children's Dental.

Transfer/Release of X-Rays for:

Patient(S) Name: _____

Patient's Date of Birth: _____

_____ I hereby request copies of my x-rays held by _____
to be transferred to Ankeny Children's Dental. *

_____ I hereby request copies of my x-rays held by Ankeny Children's Dental to be
transferred to: _____

Signature of Patient or Legal Guardian: _____

Today's Date: _____

***Please email x-rays to
Smile@AnkenyChildrensDental.com.**

Thank you!