

EAST TAYLOR DENTAL

Killian J. Horner, DDS

2201 Taylor Road Montgomery, Alabama 36117

Office 334-271-4600

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REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL TREATMENT INFORMATION

This form is submitted on behalf of our mutual patient:

Patient Name	DOB	Social Security#
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The patient referenced above has agreed to inquire and request the prompt release of his/her medical information indicated below:

- Medical Diagnostic** **Medical Treatment**
 Laboratory & X-ray Results **Prescription medication history**

Most Recent Sleep Study

When (date/year) was the study performed? _____
Where (name/address of facility) was the study performed?

Who ordered the Sleep Study? _____

- Accident Related Information** **Work Comp** **MVA**

Date of Accident: _____

Insurance Carrier Information:

If Work Comp, name & number of supervisor approving treatment.

Supervisor Name	Phone
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Please submit the information indicated above to the following address:

East Taylor Dental
2201 Taylor Road
Montgomery, Alabama 36117

You may **fax information** to the following number: **334-271-4709, Attn: Mindy**

My signature below signifies my request and hereby indicates my authorization for my doctor to provide my dentist, Dr. Killian Horner, with my medical treatment information.

Date _____ **Signature** _____