Specialized Dental Care
and Orthodontics
for kids and adults

Ammar Idlibi, DMD
Board Certified Pediatric Dentist

Jaimie Vassiliou, DMD
Orthodontist

Alesia Burge, DMD
General Dentist

Authorization for Release of Dental Records and X-rays

I, (guardian name) _____, parent or legal guardian of (child's name) _____ hereby authorize the doctors and staff of **Kids Dental Care** to release records or knowledge concerning my child's dental health to:

Doctor or Practice name _____

Street Address _____

City, Zip Code _____

Practice telephone number _____

Please state your reason for transfer:

_____

_____

_____

Patient's Name:_____

Signature (Parent/Guardian)_____**Date:**_____

Print Name _____**Relationship:**_____

Kids Dental Care
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