

Drs. Wilkie & Turner
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Cary, NC 27511
919-481-0330

Dental Information Release Form
(HIPPA Release Form)

Patient Name: _____ Date of Birth _____

Release of Information

I authorize the release of information including diagnosis, treatment, claims payment, records, and services.

This information may be released to: (Husband, wife, family member etc.)

The Release of Information will remain in effect until terminated by me in writing.

Signed _____ Date _____