



TOD H. DRUCKER | DMD
BALA DENTAL CARE, LLC

Comprehensive Quality General Dentistry
Cosmetic & Implant Restorations Nonsurgical Periodontics
www.BalaSmiles.com

Dr. Name _____

Street Address _____

City, Zip Code _____

Practice telephone number: _____

Authorization for Release of Dental Records and X-rays

I (print patient or guardian name) _____

Last 4 digits of SS# XXX-XX- ____ _

have commenced treatment with Bala Dental Care, LLC . I authorize the doctors and staff listed above to release all records or knowledge concerning my dental health to the office location checked below:

I specifically request that you release and provide legible copies of:

all x-rays

all treatment notes

Signed (patient or guardian name)

Date

2 Bala Plaza
Suite IL-43
Bala Cynwyd, PA 19004
610 664-6115
610 664-6116 fax

BalaSmiles@comcast.net

1250 Greenwood Ave
Suite 10
Jenkintown, PA 19046
215 884-5009