



PINO
PERIODONTICS

7007 Wyoming Blvd NE Suite D-1
Albuquerque, New Mexico
87109

P: 505.822.0565

F: 505.822.0571

E: pinoperio@gmail.com

Authorization for Release of Dental / Medical Records and Financial Policy Information

I _____ hereby authorize release of any and all medical/dental records including but not limited to: medical reports, dental reports, clinical notes, dental assistant notes, history of injury, subjective and objective complaints, x-rays, x-ray reports, interpretations of diagnostic tests, diagnosis, prognosis, reports of treatments, operations, progress notes, doctor's orders, bills for services rendered or proposed, and any other further document records or information in your possession relative to my past, present or future physical conditions.

I authorize release to: (initial all that apply)

_____ Primary and Secondary Insurance Companies

_____ Referring Doctor: _____

_____ Specialist Referred To (Such as an Oral Surgeon, Endodontist, etc)

_____ Other (Specify) _____

I further authorize the payment of any benefits directly to the office of Pino Periodontics, LLC for services rendered. I further authorize the office of Pino Periodontics, LLC, to affix my name to any and all claims or documents as related to any and all health benefits due to me.

I agree to be responsible for all charges for dental services and materials not paid by my dental plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.

I authorize that a copy of this authorization shall be as valid as the original. This authorization will be valid until rescinded in writing.

Today's Date

Patient Signature