

Allan L. Bergano, D.D.S., P.C.
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PATIENT REQUEST OF DENTAL RECORDS

RE: Patient request of dental records

I, _____ hear by authorize Dr. Allan L. Bergano, D.D.S,
P.C. to release my dental x-ray to

_____ (Dentist name)

_____ (Dentist phone number)

_____ (Dentist address)

_____ (Dentist email address)

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand by signing this request, I will be disclosing my private health information to the above dentist.

_____ (Patient name)

_____ (Relationship to patient)

_____ (Signature)

_____ (Date)