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PERMISSION TO RELEASE FILMS AND RECORDS

I, _____, give my permission to Dr. Pamela Anzelc's office to release:

my dental films and / or

my written dental records

my children's dental films and / or

Name(s): _____

my children's written dental records

Directly to the office of my new provider, _____
(Dr.'s name please)

(Dr.'s address please)

(Dr.'s email) _____
(Phone #)

Signed: _____ Date _____

Please note: We follow the accepted Maine Dental Association policy for the release of records. It states, in part:

1. Originals are kept in the treating dentist's file. Treatment records, including radiographs, should be duplicated and only the duplicates released.
2. All requests for records should be in writing from the patient or guardian.
3. Copies of records may not be withheld because of an outstanding bill with the dental office.
4. A fee may be charged for duplication and mailing.
5. Copies must be released to an authorized representative within a reasonable time.

A copy of the Maine law can be obtained from the MDA central Office or it may be accessed from the State of Maine web site:

<http://janus.state.me/us/legis/statutes/22/title22ch4010sec1711-A.html>