

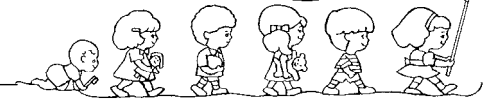
**JONATHON EVERETT LEE, D.D.S., INC.**

**BRIAN D. LEE, D.D.S., M.S.D., INC.**

*Diplomates of the American Board of Pediatric Dentistry*

**Specializing in Dentistry for Infants, Children and Teenagers**

BRUSH AND FLOSS FOR A HAPPY SMILE!



**1291 East Hillsdale Boulevard, Suite 100**

**Foster City, California 94404**

**Telephone: (650) 574-4447**

**Fax: (650) 574-4041**

## Authorization to Release Dental Records

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I am the legally responsible parent/guardian and authorize Dr. \_\_\_\_\_  
to release dental records for my child to:

*Jonathon Everett Lee, DDS, Inc. and Brian D. Lee, DDS, MSD, Inc.*

I am requesting:

- 1) X-Rays- If the X-rays are in Digital Format, it must be Printed in hard copy on Photo Quality Paper or Copied onto a CD or DVD.
- 2) Dental Records- These records may include transfer sheet summary, treatment notes, charting, medical and dental history, photographs, or other notations relevant to treatment.

Please mail records to:

Jonathon Everett Lee, DDS, Inc.  
Brian D. Lee, DDS, MSD, Inc.  
1291 East Hillsdale Blvd, Suite #100  
Foster City, CA 94404

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date