Rajneesh K. Dail, D.D.S.
Diplomate, Am Board of Pediatric Dentistry
337 El Dorado Street, Suite B-3
Monterey, CA 93940
email: info.daildds@gmail.com

Authorization for the Release of Dental Records

I hereby authorize Rajneesh K. Dail, D.D.S., to release dental records for the patient(s) listed below:

_____
Patient's Name DOB

_____
Patient's Name DOB

_____
Patient's Name DOB

_____
Patient's Name DOB

_____
Patient's Name DOB

_____
Patient's Name DOB

to_____
(name of dentist)

_____
(address)

_____
(email address)

Any and all information may be released including, any notes and/or radiographs for the patient(s) listed above.

_____
(Signature of Parent/Legal Guardian) **(Date)**