Grafton Orthodontics, S.C.

Amanda Olejniczak, D.D.S., M.S.

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101 Falls Road, Suite 504
Grafton, Wisconsin 53024
Phone: 262.377.8950
Fax: 262.377.7801

AUTHORIZATION TO RELEASE OR DISCLOSE HEALTH INFORMATION

Name:

Date of Birth:

I request and authorize the above listed doctor and practice to release my protected health information to the family members and others listed below for the purpose of communicating results, findings, and care decisions including financial and insurance matters.

Name:_______________________________________

Name:_______________________________________

Name:_______________________________________

Name:_______________________________________

This request and authorization applies to health care information related to examinations or treatment performed at Grafton Orthodontics, S.C. in Grafton, Wisconsin.

I understand I can cancel this agreement by sending the above office a letter revoking this authorization.

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Signature of Patient or Representative   Date