

RELEASE OF INFORMATION

MARK S ZURAWEL, DDS, PA
7016 Harps Mill Rd, Suite 102
Raleigh, NC 27615
p. 919-676-5610
f. 919-676-5616
office@drzurawel.com

Information concerning patient evaluation and treatment will be released only with signed consent.

I, _____ authorize Dr. Zurawel to release

any information regarding my/ our family dental history, treatment and x-rays to:

Dr. _____

Phone _____

Fax _____

Patient Signature _____

Date _____

Additional Family

_____ DOB _____

_____ DOB _____