

# Starley Family Dentistry

520 15TH STREET  
ASTORIA, OR 97103

(503)325-6662

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starleyfamilydentistry.com



## RELEASE OF RECORDS TO STARLEY FAMILY DENTISTRY

Patient Name:      
Last First MI Preferred Name

I plan to see Dr. Starley on this date:

I hereby authorize the release of my dental records

From Dr.:

Mailing Address / City / State / Zip

Phone Number:

Fax Number:

Email:

For the following member(s) of my family:

To be released to: Dr. Matt Starley / 520 15th Street / Astoria, OR 97103 / Fax: (503) 325-0637 / Email: StarleyFamilyDentistry@AspidaMail.com

\*  I hereby release the above name doctor from any liability related to the disclosure of confidential privileged information.

Patient/Guardian Signature: (If filled out online or on our office I-Pad, see front desk for electronic signature)

Response Date: