

WISCONSIN DENTAL IMPROVEMENTS

Ma Marcie Yang, D.D.S., M.S., L.L.C.

510 E. State St.

Mauston, WI 53948

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Authorization for Release of Information

RE: _____

Name of Patient (Please print)

Date of Birth

Address: _____

I hereby authorize & request:

Ma Marcie Yang, D.D.S. M.S..

510 E. State St.

Mauston, WI 53948

RELEASE TO: _____

OBTAIN FROM: _____

Name

Mailing Address

City, State, Zip

Purpose of Disclosure

I understand the specific information to be disclosed includes a detailed report of examinations, finding, treatment, prognosis and copies of any and all other records pertaining to me or my dependent(s). This consent is effective until I submit a written cancellation.

Signed

Date

Parents or guardians must sign for minor children or dependents. Each adult (18 or over) must complete and sign a separate form.