



HAPPY HEALTHY TEETH  
pediatric dentistry & orthodontics

## Authorization to Release Dental Records

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I am the legally responsible parent/guardian and authorize \_\_\_\_\_  
to release dental records for my child to:

*Jonathon Everett Lee, DDS, Inc.  
DBA Happy Healthy Teeth; Bay Area Pediatric Dental Wellness Group*

I am requesting:

- 1) X-Rays.
- 2) Dental Records- These records may include transfer sheet summary, treatment notes, charting, medical and dental history, photographs, or other notations relevant to treatment.

Please e-mail records to:

CustomerCare@HappyHealthyTeeth.com

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date