Hometown Family Dental Centers

The Offices of E. F. Scammon DMD, PA

8159 Raeford Rd
Fayetteville, NC 28304
910-826-4900
910-826-4943 fax
hometownfamilydentalfay@gmail.com

115 Southern Dunes Dr
Vass, NC 28394
910-693-8030
910-693-8006 fax
hfdc03@gmail.com

327 Teal Dr
Raeford, NC 28376
910-848-0090
910-848-1892 fax
htfdraeford327@gmail.com

RELEASE OF PRIVATE DENTAL INFORMATION AUTHORIZATION FORM

Patient Information
Patient Name: ______________________________

Street Address: ______________________________ Apt # __________

City: ______________ State: ______________ Zip: ______________

Home Telephone (   )______________ Cell # (   )______________

DOB: ______________

Hometown Family Dental has my permission to receive information contained in the Dental Record of the above named patient.

Information requested:

Sent to:
Office Name: ______________________________

Attention of: ______________________________

Street Address: ______________________________ Apt # __________

City: ______________ State: ______________ Zip: ______________

I authorize Hometown Family Dental to request, use or disclose my protected dental/health information as described above. Authorization will expire in 90 days unless I revoke it earlier by written request sent to Hometown Family Dental. The member/patient, parent or personal representation must sign this Authorization.

______________________________ ______________
Signature of Patient or Guardian (if patient is under the age of 18) Date

Relationship to patient: ______________