Anna V. O'Keefe, DMD, P.A.
325-D Kennedy Memorial Drive
Waterville, Maine 04901
frontdesk@okeefedmd.com
207-872-8911
207-872-6967 (fax)

Authorization to Release Protected Health Information

I, _____, date of birth _____, authorize the following provider:

_____(name),
of _____ (city) _____ (state)

(name and location of dentist or practice that will be sending the records)

along with any associated dentists or dental practices to release any and all dental information to the following dentists and any associated practices or dentists:

Anna V. O'Keefe, DMD, P.A.
John P. Poirier, DMD
325-D Kennedy Memorial Drive
Waterville, Maine 04901

This release includes but is not limited to any clinical notes, images and x-rays.

_____ _____
Signature Date

_____
Printed Name