



Dean Y. Mizuno, D.D.S.  
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87 E. Green St., Suite 310  
Pasadena, CA 91105  
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### Authorization for the Release of Dental Records

I hereby authorize \_\_\_\_\_  
 DDS    MD    PhD  
 DMD    DO    Other \_\_\_\_\_

to release the information in the dental record of

\_\_\_\_\_ (patient's name) to

Dean Y. Mizuno, D.D.S.  
87 E. Green Street  
Suite 310  
Pasadena, CA 91105  
Tel: (626) 796-4718  
Fax: (626) 796-1394  
Email: info@pasadenadentalgroup.com

Any and all information may be released including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below.

\_\_\_\_\_

I understand and agree to pay a reasonable charge to cover the cost of the transfer, as allowed in Health and Safety Code §§123100 *et seq.* and Evidence Code §1158.

This authorization is effective now and will remain in effect for 90 days or until \_\_\_\_\_ (date), whichever is sooner. I understand that I may receive a copy of this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

***COPY TO BE PLACED IN PATIENT'S CHART***