

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Darren L. Flowers, D.M.D. P.L.L.C.
Anthem Medical Plaza
3618 W. Anthem Way, Suite D132
Anthem, AZ 85086

Phone: 623-551-8000
Fax: 623-465-4604

I, _____ am requesting a copy of my
(Patient Name / Family Name)
original x-rays be sent to the following office:

Darren L. Flowers, D.M.D.
3618 W. Anthem Way, D132 or
Anthem, AZ 85086
623-551-8000

Dr. _____

PLEASE EMAIL, IF POSSIBLE TO: office@flowersdentistry.com

I, _____ have received a copy of my original x-rays.
(Patient Name / Family Name)

(Signature of Patient or Guardian)

(Date)

According to ABS 32-1264(d) on a Patient Request, the dentist, dental hygienist, or denturist shall transfer quality copies of the patients records to another licensee of certificate holder of the patient may receive a copy. We cannot release records obtained from other providers even though you may have brought the records with you. This is according to the Arizona Revised Statutes.