



REQUEST FOR ACCESS TO MEDICAL INFORMATION

Our Notice of Privacy Practices provides information about our use of patients' protected health information. The Notice contains a Patients' Rights section describing your rights under law. Patients have the right to access, inspect, and copy protected healthcare information used to make decisions about them.

The practice will only include information used to make decisions about the patient. The practice may limit access to information generated only by this practice. Under some circumstances, such as increased risk of harm or injury, the Practice may withhold the requested information.

Please send information from /to (incoming medical request/outgoing records request):

Dental Practice: _____
Address: _____
Email: _____
Phone: _____

Regarding the following patient:

Name: _____
Date of birth: _____
Address: _____

Please forward any of the following information that you have:
Bitewing x-rays within the last 12 months, FMX or PAN within the last 5 years and probing depth charting.

I authorize this release of information _____ Date _____
Signature of patient or guardian

Print Name: _____ (Patient/Subscriber, if minor – a GUARDIAN)

Relationship to patient _____ Date _____

Please remit records or records request to:

Drews Dental Services, P.C.
471 Sabattus St.
Lewiston, ME 04240
207-782-5308
207-203-1264 (fax)
info@mainedentalclinic.com (for digital x-rays)