

**J. Mark Bayless D.M.D., Inc.  
Brandi Faia D.D.S.**



**RECORDS RELEASE**

**Please fill out the following form to request records for your child/children and email to [info@drbayless.com](mailto:info@drbayless.com) or mail to 333 El Dorado Street, Monterey, CA 93940.**

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please release dental records for the patient(s) listed above to the following dental/medical office:**

Recipient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

**I hereby give the office of J. Mark Bayless D.M.D., Inc. permission to release all dental records to the dental/medical office listed above.**

\_\_\_\_\_  
Parent's/Guardian's Signature:

\_\_\_\_\_  
Date

*Note: All emails sent from our office are sent via a secured website. This authorization is intended as a "consent" or "authorization" for the use and disclosure of Protected Health Information (PHI) under the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) or its implementing regulations.*

