



HollowBrook Dental

DR. L. LEE SMITH II, DDS
DR. ERIC ERLANDER, DDS
DR. THOMAS PERVOLARAKIS, DDS

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

ATTENTION OFFICE OF DR. _____,

Please release all Dental Records for the below listed patients to HollowBrook Dental.

_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature

Date

PLEASE REMIT RECORDS TO:

HOLLOWBROOK DENTAL
2160 HOLLOW BROOK DRIVE
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