

Small World Pediatric Dentistry, P.C.  
Andrew Guthrie, D.D.S., M.S.D.  
3616 N.W. 50<sup>th</sup> Street  
Oklahoma City, OK 73112  
(405)946-0686

### Release of Information

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

I request and authorize the office of:

Small World Pediatric Dentistry, P.C.  
Andrew Guthrie, D.D.S., M.S.D.  
3616 N.W. 50<sup>th</sup> Street  
Oklahoma City, OK 73112  
(405)946-0686

To release my records, x-rays, etc. by mail or electronic transmission to the office of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once my doctor gives out the information that I want released, I know that my doctor has no control over the information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or state privacy laws may no longer protect the information.

Signature of Patient/Legal Guardian \_\_\_\_\_ Date

\_\_\_\_\_ Please Print and return by email to [staff@smallworldokc.com](mailto:staff@smallworldokc.com) or fax to

(405)-946-0687