MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

MISSOURI DENTAL BOARD
3605 MISSOURI BLVD.
P.O. BOX 1367
JEFFERSON CITY, MO 65102

AUTHORIZATION FOR RELEASE OF DENTAL/MEDICAL INFORMATION & RECORDS

I hereby authorize any physician, dentist, hospital, clinic, or any other health care provider, medical records librarian, or any person or corporation (including insurance companies) which have records relating to medical or dental treatment or evaluation received by me, to furnish the Missouri Dental Board, or its representative, oral or written statements or testimony in any hearing, any and all information with respect to any medical and dental treatment or evaluation and copies of all hospital, medical, and dental records.

An exact copy of this authorization shall be accepted the same as the original in all instances.

PATIENT'S SIGNATURE ▶	DATE

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

IMPORTANT NOTICE

IF A NOTARY IS NOT AVAILABLE TO YOU, PLEASE HAVE THIS AUTHORIZATION WITNESSED.

WITNESS NAME (PRINT OR TYPE)	TELEPHONE NUMBER
WITNESS SIGNATURE ▶	DATE

ADDRESS

BOARD INVESTIGATION INFORMATION

BOARD INVESTIGATOR SIGNATURE ▶	DATE	WITNESS SIGNATURE ▶	DATE