

Dr. Nina Svino

Aesthetic and Lifestyle Dentistry

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206.306.0080

I, _____ hereby authorize Dr. Nina Svino to release my dental records. These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to my treatment.

These records may be released to: (Circle One)

1. My dentist/doctor: _____
Address: _____

2. Sent to my home address.

3. Released to person authorized by me: _____

4. Personally picked up records today.

Signature _____ Date _____

If you have any comments about our practice, feel free to write them here:
