



# Dedicated Implants, LLC

---

21260 S. Springwater Rd | Estacada, OR 97023  
Phone: 800-279-3104 | Fax: 949-798-6979 | dentalinfo@dedicatedsleep.net | dedicatedsleep.net

## Medical Records Release Form

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

---

By Signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/person/facility/entity listed:

Dedicated Implants  
21260 S. Springwater Rd  
Estacada, OR 97023

---

**Patient Signature:**

**Date signed:**