JASON A. COHEN, D.D.S., P.C.
The Chevy Chase Building
5530 Wisconsin Avenue, Suite 560
Chevy Chase, MD 20815
Phone (301) 656-1201
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PATIENT REQUEST FOR COPY OF RECORDS
And
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize _____ to disclose and provide copies of any and all of my dental records to:

Jason A. Cohen, D.D.S.
5530 Wisconsin Avenue
Suite 560
Chevy Chase, MD 20815

These records include, but are not limited to: personal patient information, medical/dental histories, examination records, radiographs, clinical photographs, treatment plans, treatment records, referral/consultation reports, diagnostic models, and other related materials.

I, the undersigned, expressly release from liability the above named person from any and all liability arising from compliance with this request and disclosure of the requested information.

_____ _____
Patient Signature **Date**

_____
Patient Name (please print)

_____
Date of Birth