UZA DDS PC

Thomas Q. Buza, D.D.S. ~ Robert G. Renfro, D.D.S. ~ 801 N. Wilmot Road, Ste B4 ~ Tucson, AZ 85711
520-745-6891 (Phone) ~ 520-745-6511 (Fax)
www.thomasbuzadds.com

I_____ hereby authorize
Patient or guardian name
Dr. Thomas Q. Buza or Dr. Robert G. Renfro to request copies of any and all clinical treatment records from the following entity:

_____
(Name of former dentist, specialist, consultant, patient attorney, insurer, etc.)

_____
Address

_____
City State Zip Phone Number

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

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

Signed:_____Date:_____
Patient or Guardian