

Kenneth R. Ronzo, DDS
2615 Culver Road
Culver Park, Suite 200
Rochester, NY 14609

Request for Patient Access to Protected Health Information

Patient Name: *(please print)* _____

Date of Birth: _____ Telephone #: _____

Address: _____

This is to authorize Dr. _____ to release: *(please check which applies)*

- All records regarding treatment, including x-rays
- The most recent x-rays on file
- Records pertaining to _____
(Please specify disease, accident, and date of treatment or other portion of records being requested) _____

Please send this information to:

Dr. Kenneth Ronzo DDS
2615 Culver Road Suite 200
Rochester, NY 14609
585-467-2745

kennethronzodds@yahoo.com

Signature: _____

Date of Release: _____

If this request is not signed by the patient please indicate relationship:

- Parent or Legal Guardian
- Health Care Proxy or Executor
- Other: *(specify)* _____