

Records Release

Brian Reising, DDS, MS
Orthodontic Specialist

traditional and ceramic / clear braces
implant assisted orthodontics
hidden / lingual braces
surgical orthodontics
invisalign



I, <<BillingPartyFullName>>, hereby request and give my permission to Reising Orthodontics to provide **Dr. William D Neale of 824 Eglin Pkwy NE Ft. Walton Beach, FL 32547** with copies of all orthodontic records with respect to the orthodontic care of <<PatientFullName>>.

Such records may include, but not be limited to, medical care and treatment, illness or injury, dental and orthodontic history, medical history, financial history, consultation, prescriptions, x-rays and models.

I agree to pay the cost of duplicating such records. The fee is \$100.

Signed:

Print Signature:

Address:

Date Signed: