Jodie L Gordon, DDS
1525 N New Street
Kirksville, MO 63501
Tele 660.665.7908 Fax 660.665.9399

Patient(s) Name_____ Date _____

I authorize the office of Jodie L Gordon, DDS, LLC to release all current and up to date dental records of myself and/or my family listed above that concern my/their dental health. I understand that this specific type of information may disclose details of examinations, treatment provided, x-rays, digital images, and other records pertaining to my/their dental health.

Please send pertinent information to the following dental provider:

_____

_____

_____

Receiving dental office e-mail_____
I understand that there may or may not be encrypted dental information sent electronically to the above address.

_____
Signature of Patient, Parent, Spouse, or Guardian (If under 18 years old) Date

E-mail address _____
I am authorizing Dr. Gordon's office to e-mail all dental records to the above e-mail address.
I understand that there may or may not be encrypted dental information sent electronically to the above address.