

Favour Dental  
5403 FM 1488 Suite A7  
Magnolia, TX 77354  
(281) 259-6717

Date Printed \_\_\_\_\_

## Authorization to Release Healthcare Information

### Requesting Documents Verbally

**This Authorization Expires 1 (one) year after signed date.**

**I authorize this form to stand as my consent per my verbal request when indicated :**

**X-Rays , Account Prints, School/Work Excuse, Referrals & X-Rays by Dr.Bonin**

**Name** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Email (must match per patient's file) :** \_\_\_\_\_

### Requesting documents to another office / specialist

**This request and authorization applies as a one time request.**

Please note, all radiographs (x-rays) are emailed directly to the patient's email on file unless written and reviewed by staff otherwise. I request the following information to be sent as indicated below:

**\*\*Complete Chart \_\_\_\_\_ Clinic Notes\*\* (Dated) \_\_\_\_\_ X-Rays (Dates) \_\_\_\_\_ Other:\_\_\_\_\_**  
*Conebeam xrays can not be sent via email. They must be requested and will be placed on a flash drive. ( Duplicate/Copy Rec. Fee : \$25.00)*

**Office Name / Provider Name :** \_\_\_\_\_

**Provider Email (please print clearly) :** \_\_\_\_\_

**\*\*Please, note the following guidelines standards in accordance to TSBDE, Texas State Board Dental Examiners**

Texas Administrative Code

TITLE 22	EXAMINING BOARDS
PART 5	STATE BOARD OF DENTAL EXAMINERS
CHAPTER 108	PROFESSIONAL CONDUCT
SUBCHAPTER A	PROFESSIONAL RESPONSIBILITY
RULE § 108.8	Records of the Dentist

(g) A dentist shall furnish copies of dental records to a patient who requests his or her dental records. At the patient's option, the copies may be submitted to the patient directly or to another Texas dental licensee who will provide treatment to the patient. Requested copies, including radiographs, shall be furnished within 30 days of the date of the request. The copies may be withheld until copying costs have been paid. Records shall not be withheld based on a past due account for dental care or treatment previously rendered to the patient. Copies of dental records submitted in accordance with a request under this section shall be legible and all copies of dental x-rays shall be of diagnostic quality. Non-diagnostic quality copies of dental x-rays shall not fulfill the requirements of this section.

(1) A dentist providing copies of patient dental records is entitled to a reasonable fee for copying which shall be no more than \$25 for the first 20 pages and \$0.15 per page for every copy thereafter.

(2) Fees for radiographs, which if copied by an radiograph duplicating service, may be equal to actual cost verified by invoice.

(3) Reasonable costs for radiographs duplicated by means other than by a radiograph duplicating service shall not exceed the following charges:

(A) a full mouth radiograph series: \$15.00; (B) a panoramic radiograph: \$15.00; (C) a lateral cephalometric radiograph: \$15.00;

(D) a single extra-oral radiograph: \$5.00; (E) a single intra-oral radiograph: \$5.00.

(4) State agencies and institutions will provide copies of dental health records to patients who request them following applicable agency rules and directives.

Source Note: The provisions of this §108.8 adopted to be effective February 20, 2001, 26 TexReg 1494; amended to be effective December 30, 2001, 26 TexReg 10570; amended to be effective February 2, 2010, 35 TexReg 634; amended to be effective September 14, 2010, 35 TexReg 8344; amended to be effective June 10, 2012, 37 TexReg 4043; amended to be effective May 29, 2013, 38 TexReg 3346; amended to be effective June 11, 2014, 39 TexReg 4428; amended to be effective September 3, 2014, 39 TexReg 6855

☐ **I have read and GIVE my consent for my information to be released as listed above. I understand that upon my request(s) it may take up to 4 business days for information to be sent.**

☐ **I DO NOT give my consent to send my information as listed above.**

**Patient or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_