

Triax Dental

Consent for Records Release

Version 1.0, Last update : February 26th, 2018



Please send dental and health history records as well as ISP and Risk Tool information for:

Patient name: _____.

To:

Dr. Michael D. Vaughan, DDS, PLC and Associates

Triax Dental, LLC

330 Wallace Road, Suite #106

Nashville, TN 37211

615-915-6091 (fax)

or

e-mail: records@triaxdental.com

Date

Signature of Patient, Legal Guardian, or Authorized Representative

Name of Legal Guardian, or Authorized Representative (If Applicable)