

BELLINGHAM TECHNICAL COLLEGE

DENTAL CLINIC

3028 Lindbergh Avenue, Bldg. C

Bellingham, WA 98226

PH: 360-752-8453

FAX: 360-752-7149

dental@btc.edu

Patient Name: _____

DATE: _____

RELEASE OF INFORMATION

I authorize Bellingham Technical College to release my dental xrays and other health care information to myself or to other dental/medical offices upon request.

Signature _____

Please send to:

Email address _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER AND EMAIL TO:

dental@btc.edu