



Kirk H. Storer, DDS, MAGD, PS

Master, Academy of General Dentistry

Cosmetic and Restorative Dentistry
for Adults and Children

Highland Park Place Professional Center
701 N 182nd, Suite 103, Shoreline, WA 98133

Phone: 206-546-4109

Fax: 206-542-3812

info@kirkstorerrdds.com

www.kirkstorerrdds.com

Release of Records

To: _____

For Patient: _____

I hereby authorize you to release to Dr. Kirk Storer any information including the diagnosis, x-rays, and records of any treatment or examination rendered to me.

Please send to FRONTDESK@KIRKSTORERDDS.COM

Signature: _____ Date: _____

- If electronic signature, please provide contact info to confirm release.

Phone or email, in case of contact: _____