

**Allen F. Avrutin, D.D.S., F.A.G.D.  
Jerry L. Statman, D.M.D., F.A.G.D.  
105-107 Theodore Fremd Avenue  
Rye, NY 10580  
(914) 967-0707**

*Patient Authorization to Release Confidential Information*

I \_\_\_\_\_ hereby request and authorize  
*Patient or Guardian Name*

\_\_\_\_\_ to disclose and provide copies  
*Practice or Dentist Name*

*Of any and all clinical treatment records and information concerning my care, which is in the possession of this person or entity to:*

**Allen F. Avrutin, D.D.S., F.A.G.D.  
Jerry L. Statman, D.M.D., F.A.G.D.  
105-107 Theodore Fremd Avenue  
Rye, New York 10580  
Email- [info@ryefamilydentistry.com](mailto:info@ryefamilydentistry.com)**

*These records include, but are not limited to: personal patient information, medical and dental histories, examination records, referral and consultation recommendations and reports, diagnostic models and other related material.*

*I expressly release from liability the above names person or entity from and all liability arising from compliance with this request and disclosure of the requested information.*

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Patient or Guardian*