Advanced Dental Care of Englewood
Adrijana Miksa, D.M.D.
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201- 227-DENT (3368)
201-227-3371 (fax)

NOTICE OF PRIVACY PRACTICES

I,_____hereby authorize and request the release of x-rays taken of me by treating dentist Dr. Miksa D.M.D. to:

Dentist/Dental office
ADDRESS:_____
CITY/STATE/ZIP_____
PHONE:_____

Digital Copy Email Address:_____

By selecting Digital Copy you take full responsibility that the private dental records are going to be sent over the Internet without security and the ability to verify that receiving party successfully obtained the files. Furthermore, there is an understanding that the file format may not be compatible. We issue all x-rays in JPEG format. We require 72 hours from the time of signature to process your request.

Patient's Signature:_____

Date& time of request:_____