Rodney G. Sigua
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I, _____, hereby request and authorize Rodney G. Sigua, D.D.S. to disclose and provide copies of any and all clinical treatment records and information concerning my care, which is in the possession of this person or entity, to

_____
Name of new dentist, specialist, consultant, attorney or insurer

_____
Address

_____
Telephone

We appreciate a reason given for the transfer:

_____ I am happy with past service but I am moving from the area.

_____ My personal hours conflicts with the office hours.
Please explain_____

_____ I have a personality conflict with the Staff/ Doctor.
Please explain_____

_____ The cost of treatment does not meet my financial needs.
Please explain_____

_____ I disagree with the treatment that has been recommended.
Please explain_____

_____ I am unhappy with services provided.
Please explain_____

_____ The office environment is not suited to me.
Please explain_____

_____ I want a second opinion to be reassured of my treatment choice.

Other Comments are appreciated:_____
_____
_____

These records include, but are not limited to: personal patient information, medical and dental histories, examination records, radiographs, treatment plans, treatment records, referral and consultation recommendations and reports, and other related materials.
I expressly release from liability the above named person or entity from any and all liability arising from compliance with this request and disclosure of the requested information.

Signed: _____ Date: _____