



AUTHORIZATION FOR RELEASE OF INFORMATION

**Mark R. Pacana, DDS, PC
315 S. Main St.
Algonquin, IL 60102
847-658-5601**

I, _____, allow Mark R. Pacana, DDS, PC, to release my current records to:

Office Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email: _____

I also request the current records for the following family members that I am legal guardian for:

My reason for changing dental providers is as follows:

Signature: _____ Date: _____