



Northridge Dental
Todd Haft, D.D.S., P.C.

16215 North Oracle Road
Tucson, AZ 85739

This is a letter of consent to furnish and release my dental records which includes; patient treatment chart, periodontal charting, and current x-rays, to Northridge Dental. Northridge Dental is a paperless office so please submit in digital form (where applicable). Thank you.

Doctor's name: _____

Phone: _____ *Fax:* _____ *Email:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Patients Date of birth: _____

Patient signature: _____ *Date:* _____

Patient Name printed: _____

Thank you for your immediate attention,

R. Todd Haft, DDS, PC

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www.northridgedentalaz.com