

# Fernando J. Juliao, D.D.S., P.A.

8109 Harford Road, Suite D, Parkville, MD 21234

Phone: 410-665-0877

---

## Request of Release Of Health Information

\_\_\_\_\_  
*(Patient's Name)*

hereby grant permission to:

\_\_\_\_\_  
*(Print name of Doctor or Hospital)*

\_\_\_\_\_  
*(Doctor or Hospital Address)*

\_\_\_\_\_  
*(Doctor or Hospital Phone)*

to release information related to my dental/health history, status, treatment and copies of my dental/health record, x-rays and any test result to:

Dr. Fernando J. Juliao, D.D.S., PA.  
8109 Harford Road, Suite D  
Parkville, MD 21234  
Phone: 410-665-0877  
301-6523317

\_\_\_\_\_  
(If minor, a parent or guardian must sign)      Date \_\_\_\_\_