

**MICHAEL R. EVERETT, DDS, PC  
3120 FIRELINE ROAD  
PALMERTON, PA 18071  
PHONE: (610) 826-2001  
FAX: (610) 826-2005**

---

---

**DATE:**

---

**TO:**

---

**ADDRESS:**

---

**CITY:**

**STATE:**

**ZIP:**

---

**I HEREBY AUTHORIZE RELEASE OF MY.....**

---

**OR COPIES OF SUCH AND REQUEST THAT THEY BE  
TRANSFERRED TO:**

---

**MICHAEL R. EVERETT, DDS, PC  
3120 FIRELINE ROAD  
PALMERTON, PA 18071**

---

**PRINT NAME OF PATIENT (S)**

---

**SIGNATURE**

**(patient, parent or guardian)**

---

**ADDITIONAL COMMENTS:**

---

---

**THANK YOU.**

---