



**NMRLD**

**NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT**

**STATE OF NEW MEXICO**  
**MICHELLE LUJAN GRISHAM, GOVERNOR**  
Linda M. Trujillo, Superintendent  
John Blair, Deputy Superintendent

**NEW MEXICO STATE BOARD OF DENTAL HEALTH**

**AUTHORIZATION FOR DISCLOSURE OF HEALTH  
RECORD INFORMATION**

COMPLAINT NO: \_\_\_\_\_

NAME OF PATIENT (LAST) (FIRST) (M.)

\_\_\_\_\_

BIRTHDATE

TELEPHONE

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS THAT:

\_\_\_\_\_  
(Name of Health Care Provider)

\_\_\_\_\_  
Address

RETURN TO:

[BCD.Compliance@state.nm.us](mailto:BCD.Compliance@state.nm.us)

Access to my records for the purposes of review and examination, and further authorizes and requests that you provide such copies thereof as may be requested.

\_\_\_\_\_  
PATIENT (OR GUARDIAN) SIGNATURE

\_\_\_\_\_  
Date

Boards and Commissions Division | New Mexico State Board of Dental Health  
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(505) 476-4622 | [www.rld.nm.gov](http://www.rld.nm.gov)

