

**AMERICAN BOARD OF GENERAL DENTISTRY
ORAL EXAMINATION
RELEASE OF INFORMATION AND WAIVER**

Dr. _____ and the American Board of General Dentistry have informed me that they will use my dental records, radiographs, study casts, descriptions of my dental diagnosis, and intraoral and extraoral (limited to the head and neck) pictures of me in connection with the Board's examination and certification of

Dr. _____. I _____, hereby waive all rights of privacy which I may have either at common law or by statute. I further grant full permission to the American Board of General Dentistry to use such records, radiographs, study casts, descriptions of diagnosis, and pictures in their examination and certification as they deem necessary, with full knowledge that these may be disclosed to other persons. I am voluntarily providing this authorization and hereby waive any claims I might have for compensation or otherwise against the American Board of General Dentistry or

Dr. _____. In witness whereof, I have hereon set my hand this _____ day of _____, 20____.

Signature

Witness