

**John L. Little, D.D.S.  
John P. Little, D.M.D., J.D.  
Mary Russo, D.M.D.  
Timothy Moriarty, D.M.D.  
804 Hwy 71  
Sea Girt, NJ 08750  
(732) 449-6564  
(732) 449-8606 fax**

**PROTECTED HEALTH INFORMATION RELEASE FOR:**

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ (for identification purposes)

**I hereby authorize and request you to release copies of my (my child's) x-rays to:**

**Drs. John Little/Dr. Mary Russo/ Dr. Timothy Moriarty  
804 Highway 71  
Sea Girt, NJ 08750**

**You may also furnish the above with any necessary information needed for my (my child's) comprehensive dental treatment.**

**I understand that this consent may be revoked by me at any time. I understand why I have been asked to disclose this information and am aware that my patient rights are identified in the practice's Notice of Privacy Practices.**

Signature of Patient\_\_\_\_\_

Date\_\_\_\_\_

Or, Personal Representative\_\_\_\_\_

Date\_\_\_\_\_