

MSDA
Dentist Well Being Committee
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Baltimore, MD 21201
410-328-8549
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Release of Information

I agree that the Dentist Well Being Committee may release information regarding my substance abuse evaluation, treatment, progress, recovery status and urine screens to the Board of Dental Examiners and to other treatment providers.

This release goes into effect on _____

And will terminate on _____

Signed _____

Witness _____