

Dental Records Release

Patient Name

Our clinic would like to thank you for the care you have shown in the past.

In order to continue to provide the same continuing care, we would appreciate if you could forward us any recent x-rays from the past year. As well to continue their care please provide us with the following information (DD-MM-YYYY):

Date of last new patient exam

Date of last hygiene appointment

Date of most recent bitewings

Date of most recent panorex

I hereby authorize the release of my dental records as requested by myself and my dependents.

First & Last Name

Email Address

Signature

X -----