

RELEASE OF INFORMATION

DATE _____

I hereby request and authorize Pacific Family Dentistry to release the most current Full Mouth X-Rays, Bitewing X-Rays, Periodontal Charting and pertinent information regarding dental health.

NAME OF PATIENT

DATE OF BIRTH

OTHER FAMILY MEMBERS

Please forward records to: Dr. _____

Before: _____
APPOINTMENT DATE

SIGNATURE OF PATIENT OR GUARDIAN