

RELEASE OF INFORMATION

DATE _____

I hereby request and authorize _____
To release the most current FMX, BW X-Rays, Perio Chart and pertinent information
regarding dental health.

NAME OF PATIENT

DATE OF BIRTH

OTHER FAMILY MEMBERS

Please forward records to:

Pacific Family Dentistry
Hyun Min Lee D.D.S., P.C.
10029 Nimbus Ave., Suite 220
Beaverton OR 97008
Bus: 503-596-0500
Fax: 503-596-0502
Email: pacificfamilydentistry@hotmail.com

Before: _____
APPOINTMENT DATE

SIGNATURE OF PATIENT OR GUARDIAN