RELEASE OF DENTAL RECORDS

mary ann d. forni, dmd
515 farmers lane
Santa rosa, ca 95405
phone (707)527-8509
fax (707)527-8507
info@healthysmilehappychild.com

I, ______________________________ request the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to : ____

Patient Name __________________________________ Date of Birth ______________

Patient Name __________________________________ Date of Birth ______________

Patient Name __________________________________ Date of Birth ______________

Date Requested ____________________

____

Email records to:

____ _________________

Parent or Guardian Signature Date