

# Dental Records Release Form

## Patient Information

**Full Name**

**Date of Birth**

**Address**

**Phone Number**

**Email**

## Release Information

**Name of Dental Office to Release Records From**

**Office Address**

**Office Phone Number**

**Office Fax/Email**

**Release Records To (Name of Person/Office)**

**Address**

**Phone Number**

**Fax/Email**

**Records to be released (please specify)**

**Reason for release**

**Additional Notes**

**Patient/Legal Guardian Signature**

**Date Signed**