

DENTURE



RELEASE FORM FOR DENTAL X-RAYS, CHART NOTES, AND PERIODONTAL NOTES

I, _____ DOB: _____ do hereby request my dental provider to release my dental x-rays, chart notes, and periodontal notes and send them to the provider of my choice.

(Signature of patient *or* parent/guardian)

(Date)

Please send to:

Provider name: Denture Essentials

Street Address: 3100 Bucklin Hill Road, Suite 104

City, State, Zip code: Silverdale, WA 98383

Email of Provider (if you wish us to email x-rays, chart notes and periodontal notes):

DentureEssentials.staff@gmail.com

Fax: 360.399.6538