

720 Limekiln Road New Cumberland, PA 17070 (717) 774-6700 www.susquehannadentalwest.com

## **Dental Records Release Form**

Patient Name:	4	
Address:		
Phone Number:		
	a <sup>-8</sup> 6	8
Please forward my dental records to:		
Name of Dentist:		
Address:		
Phone Number:		
A		
I hereby give you permission to release my dental records.		
Patient's Signature:		
(Parent if minor)		
Please Print Name:		