Chad Eslinger, DDS J Wayne Newman, DDS Jason Blair, DDS Jennifer Flanagan,DDS
150 Stuart Crossing
Cleveland, TN 37312
Phone #: (423) 476-2160 Fax #: (423)-476-2680

Date:_____

Patient Information:

First Name:_____ Last Name:_____

Date of Birth:_____ Address:_____

Please check appropriate request.

- Records to be sent from:

DOCTOR'S Name:_____

Office Phone #:_____ Fax #_____

- Records to be sent to:

DOCTOR'S Name:_____

Office Phone #:_____ Fax #_____

- Records to be released parent/guardian:

PARENT/GUARDIAN'S NAME:_____ PHONE#_____

PARENT/GUARDIAN'S ADDRESS: _____

I,_____ authorize the release of records, clinical notations and x-rays, to the listed provider address.

_____ _____ _____

Patient name printed Guardian Signature Date