



Today's Date _____

Chad Eslinger, DDS • J Wayne Newman, DDS • Jason Blair, DDS • Nicole Brock, DDS
Daniel Holsinger, DDS • Fred Whitmire JR, DMD • Ryan Wilson, DDS • Katelyn, Fullen, DDS

Pediatric Dentistry Consent to Release Records

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