



Family Dentistry

DENTAL RECORDS RELEASE FORM

Dr. Phat Ly
8507 S. 5th St., Ste A101
Ridgefield, WA 98642
360-887-2310

Patient name to transfer: _____
Date of birth: _____
Phone number: _____
Other family members to transfer: _____

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Previous dentist or practice name: _____
Address: _____
City / State / Zip: _____
Phone number: _____
Fax: _____

Please forward any x-rays, photos, and periodontal charting that you may have

I hereby give you permission to release any and all of my dental records to
Dimples Family Dentistry.

Patient/Guardian Signature: _____ Date: _____

Email to: reception@dimplesdentist.com Fax to: (360) 887-2309