

PACIFIC AVENUE DENTAL

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Records Release Form

Date: _____

Previous Dentist's information

Name: _____

Address: _____

Phone Number: _____

I hereby authorize the release of my dental records.
Please include copies of all current x-rays,
chartings and date of last prophly.

____ Please release the records to me at the
following address:

Martin E. Burbano, DMD, PC
1818 Pacific Avenue
Forest Grove, OR 97116

Or email records to: info@padentalclinic.com

Print Patient Name

Patient Signature

Date

