

# Pediatric Dental at Bridgeport

Dentistry for Infants, Children & Teens

Ben Kang DMD, MS, PC

## MEDICAL/DENTAL RECORDS RELEASE

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby request and authorize you to disclose and release all medical/dental records to the Pediatric Dental Clinic at Bridgeport regarding all information you may have concerning patient:

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Including, but not limited to any and all office records, office charts, medical/dental charts, hospital records, hospital charts, or any additional records you may have.

Please release and forward all medical/dental records to:

**Ben Kang, DMD, MS, PC**  
Pediatric Dental at Bridgeport  
7455 SW Findlay Rd  
Tigard, OR 97224  
(503) 992-6189 FAX (503) 992-6193

A copy of this authorization shall be considered as effective and valid as the original.

Today's date \_\_\_\_\_

Relationship to the patient \_\_\_\_\_

Signature \_\_\_\_\_