



**Woodland**

500 Columbia St, Ste B  
Woodland, WA 98674  
(360) 225-5600  
Fax: (360) 225-0369

**La Center**

419 E Cedar St, #201  
La Center, WA 98629  
(360) 263-6331  
Fax: (360) 263-6341

**RELEASE OF RECORDS**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RELEASE FROM LIABILITY FOR PATIENT ACCESS TO DENTAL RECORDS**

**I hereby request that:**

Lewis River Dental

\_\_\_\_\_

**and/or responsible staff release**

Copies of X-rays

Clinical Data

**Send to:**

Lewis River Dental

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**I am having my records transferred for the following reason:**

\_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_