



Records Release to Gentle Family Dentistry, LLC

I authorize the release of dental records of the person(s) named below. I request that they please be sent to:

Gentle Family Dentistry, LLC

3150 W. Ward Rd., Suite 304

Dunkirk, MD 20754

Email: office@dunkirkdental.com

Phone: 410-257-2424

Fax: 410-257-2299

www.dunkirkdental.com

Releasing Practice: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name(s) of patient records to be released:

Signature of Patient/Guardian: _____ Date: _____