Deschutes River Dentistry
Dr. Andrew Edwards, MS DDS
111 Tumwater Blvd Suite A-301
Tumwater, WA 98501
P: (360) 786-9354
F: (360)-786-8490
e-mail: deschutesriverdentistry@gmail.com

Request for Disclosure of Dental Records

Please e-mail x-rays if possible, unless indicated otherwise

Patient Name(s): ____

DOB: ________________________ Phone Number: ______________________________________

Records to be released *to*:

☐☐ The Patient, Guardian, or Representative

☐ Dr. Edwards (Address above)

☐☐ The Patient

☐☐Other (please give name and address)

____

____

Records to be Release *by*:

☐☐ Dr. Edwards

☐☐ Other-Please give name, address, phone, e-mail and/or Fax (as much info as you have)

____

____

____

Records to be Released:

☐☐ Current X-Rays

☐☐ Perio Charting

☐☐ Dates of last Cleaning

☐☐ Other:

____

I authorize my records to be released as indicated above.

Signature: ____ Date: _______________

Relationship to Patient: ____________________________________

Note: If you do not wish for us to e-mail your information in an unencrypted format, please indicate in writing on this form.