

**Records Release/Request:**

I hereby authorize the release of my dental records and my most recent dental x-rays to:

**Dental Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the office you are requesting your records to be released from:

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| **Saratoga Springs****Family Dentistry****286 Church Street****Saratoga Springs, NY 12866****518.584.8150****Fax 518.584.8751****saratogafd.office@okrinse.com** | **South Glens Falls****Family Dentistry****63 Hudson Street****Glens Falls, NY 12803****518.792.2187****Fax 518.792.2188****sgf@okrinse.com** | **Gloversville****Family Dentistry****22 First Ave****Gloversville, NY 12078****518.725.1031****Fax 518.773.4310****gloversville@okrinse.com** |
| **Clifton Park****Family Dentistry****983 Route 146****Clifton Park, NY 12065****518.371.3333****Fax 518.952.4331****cliftonpark@okrinse.com** | **Greenwich****Family Dentistry****2651 State Route 40****Greenwich, NY 12834****518.692.9333****Fax. 518.692.9696****greenwich@okrinse.com** | **Queensbury****Family Dentistry****453 Dixon Rd Suite 5****Queensbury, NY 12804****518.792.1108****Fax 518.798.4670****queensbury@okrinse.com** |