

**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** |