



Records Release

All records are sent electronically via encrypted email unless otherwise requested.

Printed materials may have a fee associated.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Additional Family Members: _____

Reason for Transferring Dentist: ☐ Moving ☐ Insurance ☐ Other: _____

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

New Dental Provider: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

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

**Saratoga Springs
Family Dentistry**
286 Church Street
Saratoga Springs, NY 12866
518.584.8150
Fax 518.584.8751
saratogasprings@okrinse.com

**South Glens Falls
Family Dentistry**
63 Hudson Street
Glens Falls, NY 12803
518.792.2187
Fax 518.792.2188
sgf@okrinse.com

**Queensbury
Family Dentistry**
453 Dixon Rd Suite 5
Queensbury, NY 12804
518.792.1108
Fax 518.798.4670
queensbury@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

**Gloversville
Family Dentistry**
22 First Ave
Gloversville, NY 12078
518.725.1031
Fax 518.773.4310
gloversville@okrinse.com

**Lake George
Family Dentistry**
93 Montcalm Street
Lake George, NY 12845
518.668.5457
Fax 518.930.4650
lakegeorge@okrinse.com