



Records Release

Please fill this out and send to the office E-mail listed below.

All records are sent electronically via encrypted email unless otherwise requested.
Printed materials may have a fee associated.

Reason for Transferring Dentist: Moving Insurance Other: _____

New Dental Provider: _____

E-mail: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Additional Family Members: _____ DOB: _____

Additional Family Members: _____ DOB: _____

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
SaratogaSprings@okrinse.com

**Maple Ave
Family Dentistry**
425 Maple Ave
Saratoga Springs, NY 12866
518-587-3625
MapleAve@okrinse.com

**Gloversville
Family Dentistry**
22 First Ave
Gloversville, NY 12078
518-725-1031
Gloversville@okrinse.com

**Queensbury
Family Dentistry**
453 Dixon Rd Suite 5
Queensbury, NY 12804
518-792-1108
Queensbury@okrinse.com

**Greenwich
Family Dentistry**
2651 State Route 40
Greenwich, NY 12834
518-692-9333
Greenwich@okrinse.com

**Clifton Park
Family Dentistry**
983 Route 146
Clifton Park, NY 12065
518-371-3333
CliftonPark@okrinse.com

**Columbia
Family Dentistry**
1654 Columbia Turnpike
Castleton-On-Hudson, NY 12033
518-477-8706
ColumbiaFamilyDentistry@okrinse.com

**Lake George
Family Dentistry**
93 Montcalm St
Lake George, NY 12845
518-668-5457
LakeGeorge@okrinse.com

**South Glens Falls
Family Dentistry**
63 Hudson Street
South Glens Falls, NY 12803
518-792-2187
SGF@okrinse.com