

### PATIENT RELEASE FORM

To whom it may concern:  
Regarding:

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward, to our office, the following dental records:

- \_\_\_\_\_ Radiographs taken within the past \_\_\_\_\_ years.
- \_\_\_\_\_ Dental records.
- \_\_\_\_\_ Periodontal examination charting within the past \_\_\_\_\_ years.
- \_\_\_\_\_ Other: \_\_\_\_\_

Thank you in advance for your timely response to this letter.

Sincerely,

Mark E. Walker DDS, PC