

BITTNER DENTISTRY FOR KIDS

17680 SW Handley St. #201 Sherwood, OR 97140 Phone: (503)625.5437 Fax: (503)625.5433

RELEASE FROM :

Previous Dentists name _____

Facility name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

RELEASE DENTAL RECORDS TO:

JJ Bittner DMD
Bittner Dentistry for Kids
17680 SW Handley St #201
Sherwood, OR 97140
503.625.5437
Fax 503.625.5433

Email records to: xrays@bittnerdentistryforkids.com

Patient name _____ DOB _____

Patient name _____ DOB _____

Patient name _____ DOB _____

Patient name _____ DOB _____

Purpose of release : Transfer of dental care
 Other: _____

I have reviewed and I understand this Authorization. By signing this I am authorizing release of dental records of the above individuals to Bittner Dentistry for Kids.

X: _____ Date: _____
(Patient or Guardian Signature)

Relationship to Patient: _____

Date requested _____