Dorothy Baker DMD 821-6433

405 W 5th North Street, Suite A, Summerville, SC 29483

RELEASE OF RECORDS

I, _____, request that you send my dental records and/or x-rays to Summerville Pediatric Dentistry, 405 W 5th North Street, Suite A, Summerville, SC 29483 or email them to info@summervillepediatricdentistry.com

Our family members are:_____

Signature of Patient/Parent/Responsible Party_____

Today's Date_____

Previous Dentist_____Phone_____