



## Please Release My Dental Records and Recent X-Rays To:

Dr. Jolanta Macdonald – Pediatric Dentist

Dr. Craig Macdonald – General Dentist

Dr. Anita Bhatt - Orthodontist

**Please email the records and X-rays to: [smiles@mychildrensdentist.com](mailto:smiles@mychildrensdentist.com)**

Please complete this form thoroughly. You and your child's dental records cannot be released until this form is completed and signed by the patient (or if under 18 their parent or guardian).

### Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_