



Summit Park Dental

723 CR 466, Lady Lake FL 32159
352-430-0543 fax: 352-430-0702
www.SummitParkDental.com

RECORDS RELEASE / REQUEST

TO: _____

ADDRESS: _____

TEL: _____

I, _____, date of birth _____
hereby authorize the release of my dental records (X-rays and
Periodontal Charting) or copies of such and request they be
transferred to:

SUMMIT PARK DENTAL
Dr. Walton Van Hoose
723 CR 466, LADY LAKE, FL 32159

Please e-mail any digital x-rays and perio charting to:

SUMMIT@LAKEQUALITYDENTAL.COM

Patient's Signature

Date