



MOORE Dentistry

Patient Record Release Form

I, _____, hereby authorize the release of my previous dental records
From

Name: _____

Fax: _____

Address: _____

Email: _____

Phone: _____

Please send all records to:

Email: drwendy@wendymooreds.com

Fax: 540-775- 6538

Address: 9449 Grover Dr. Suite 100, King George VA. 22485

Information that should be released to our office:

- Dental X-Rays
- Treatment Plan
- Insurance Information
- Complete Records

Signature of patient or legal guardian

Date