



# Queensgate Dental

*Only brush the ones you want to keep!*

## ***Authorization to Release Dental Information to Queensgate Dental***

*Previous Dentist/Practice:* \_\_\_\_\_

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

*Phone#:* \_\_\_\_\_ *Fax #:* \_\_\_\_\_

### *Release*

*Patient Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

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

*I hereby give permission to release any and all of my patient dental records/x-rays to Queensgate Dental Practice.*

*Please include family members:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Patient (Guardian if minor) Signature*

\_\_\_\_\_  
*Date*

*Please send records to:*

*Queensgate Dental/ William H Cloyd DMD  
2087 Springwood Road, York, PA 17403*

*Electronic Email: [queensgatedental1@gmail.com](mailto:queensgatedental1@gmail.com)*

*Phone: (717) 843 8011 Fax: (717) 843 4414 (no x-rays)*

(717) 843-8011, Queensgate Towne Center, 2087 Springwood Road, York, PA 17403,  
[queensgatedental.com](http://queensgatedental.com)