



GILLIS & DALTON
FAMILY DENTISTRY

4435 East Chandler Blvd, Suite 110
Phoenix, Arizona 85048
Phone: (480) 753-1300
Fax: (480) 753-1302

Records Release Consent Form

To Whom It May Concern:

Please release dental radiographs and other requested dental records for:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Please email, fax or mail the records to the following:

Attn: _____

Doctor's Name: _____

4435 East Chandler Blvd, Suite 110
Phoenix, Arizona 85048
Phone: (480) 753-1300
Fax: (480) 753-1302
contact@gillisanddaltondentistry.com

Permission for release given by:

Print Name	Signature	Date
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