

Request for Release of Dental Records

DATE:	<u></u>
NAME:	DOB:
I am requesting copies of my dental rec	pords to be released to Case Deptal DA
I am requesting copies of my dental rec	forus to de released to sage Dental, PA.
I would like these records sent to:	
SAGE DENTAL, PA 1520 Route 138 Wall, NJ 07719	
Thank you for your assistance.	
Signature:	
(of patient	or guardian)