

# SUNDANCE

FAMILY DENTISTRY

## Dental Records Release

12/09/2021

Patient:

Birthdate:

Dentist or Practice Name:

---

Address:

---

Phone Number:

---

- My permission is granted to release complete information concerning the dental findings and treatments, including x-rays, periodontal probing chart, photographs, etc. to Sundance Family Dentistry  
From: Beginning treatment to present date.
- My permission is granted to forward any x-rays and other information regarding my dental health.

Please sign and fax back to our office at (855)208-2359.

Please email digital records to: [office@sundancedentistry.com](mailto:office@sundancedentistry.com)

**\*\*PLEASE ALLOW UP TO 48 HOURS FOR RECORDS TO BE FORWARDED\*\***

Signature