



Dental Records Release Form

Name of Patient: _____

Date of Birth: _____ Phone number: _____

Previous Dentist: _____

Address: _____

City/St/Zip: _____

Phone number: _____

Please forward the following information:

- Dental x-rays
- Probing depth chart
- Charting
- Current treatment plan

I hereby give you permission to release any and all of my dental records to Dr. Sean Simper, DDS at Southridge Dental.

Patient signature (parent if a minor)

Date

Please email records to: frontdesk@mykennewickdentist.com

or

Mail records to: Southridge Dental
3911 W 27th ave
Suite 105
Kennewick, WA. 99337