

## Request To Release Dental Records/Radiographic Information

I have requested that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ make available to me, or forward on my behalf to Davis & Langefeld Family Dental, my dental records and radiographs. If the radiographs are digital, please send them by email.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature Date

**Dr. Jeff Langefeld, Dr. Melissa Davis**

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