Kent Burnett DDS

DENTAL RELEASE FORM

1711 NW Grant Ave,
Corvallis, OR 97330
(541) 754-1668

420 Smith St
Harrisburg, OR 97446
(541) 995-8234

Please email completed form to: office@kentburnettdds.com

Release of Dental Radiographs and Records

Previous Dentist / Clinic:_____

Address:_____

Phone:_____Fax:_____

I, _____, hereby request my dental x-rays and/or chart records be forwarded to:
Patient's Printed Full Name

Kent D. Burnett, D.D.S.
1711 NW Grant Ave
Corvallis, OR 97330
Telephone: 541-754-1668
Fax: 541-758-3010
office@kentburnettdds.com

Specific Materials Requested: Pano/FMX if within 5 years - Bitewings if within 2 years.

Signature:_____Date:_____
Patient's Signature or Legal Guardian if patient is under 18