

Ideal Dental Care
8111 Midlothian Turnpike
Bon Air, VA 23235
Office (804) 918-9667 Fax (804) 918-9652

Dental Records Release Form

I, _____, give permission to *Ideal Dental Care* to release all dental records from this office to the address listed below. I understand that the records may include any treatment planning, radiographs, treatment provided, financial ledgers, and other private information obtained by the office. I also understand that there may be a service fee charged for the copying of records.

Records Released From:

ADDRESS:

Ideal Dental Care
8111 Midlothian TNPK
Richmond VA, 23235

PHONE NUMBER:

(804) 918-9667

Records Released To:

ADDRESS:

PHONE NUMBER:

Patient Signature

Date

Witness Signature

Date

Office Signature

Date