

Record Release Form

Advance Dental Arts Center
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Date: _____

Patient Name: _____

DOB: _____

Please release the most current **BWX, PANO AND/ OR FMX**-rays to: The above address or email.

****Note:**

Please include all record information including:

Date of last exam: _____

Date of last cleaning: _____

Date of last perio charting: _____

Patient/ Guardian Signature _____

Patient is scheduled: _____

Thank You....