

RECORD RELEASE FORM

Mabry Dentistry, LLC & Associates
Lara Mabry DDS
Alexander DeYoung DDS
2601 Boniface Parkway, Suite 1
Anchorage, AK 99504
P: 907-337-9448 F: 907-337-4123
EMAIL: mabrydentistry@gmail.com

Patient Name: _____
Patient Name: _____
Patient Name: _____
Patient Name: _____

DOB: _____
DOB: _____
DOB: _____
DOB: _____

I authorize the release of all dental records and/or x-rays from: _____

Send to: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

DATE EMAILED/FAXED: _____

DATE RECORDS RECEIVED: _____