MAIL THIS TO PREVIOUS DENTIST

RECORDS RELEASE

I,_____,give permission for Dr._____'s office to release any and all x-rays and other information to Dr. A. Bruce Stewart. Please send all information for myself and any listed family members to the following address: To include documentation and x-rays:

Mail to:

Bruce Stewart, DDS
321 Main Street
Oneida, NY 13421
OR

PLEASE EMAIL TO: STEWARTDENTALOFFICE@GMAIL.COM

Additional family members:

1._____

2._____

3._____

4._____

5._____

6._____

Patient Signature **Date**