



To Whom It May Concern:

Please release my medical and or dental records, including x-rays and ledger entries (procedures performed and billed).

Previous Dental/Medical Office (Name, Phone, Address & Fax:)

Name:

Phone:

Fax:

Address:

Patient Name

Patient Signature

Date

Please send all records to:

Millbrae Dental Care

88 Capuchino Dr.

Millbrae CA 94030

Digital x-rays can be sent to info@millbraedentalcare.com