



Longmeadow

FAMILY DENTAL CARE

Dr. Brandon Ellis • Dr. Jeffrey Rubino • Dr. Elizabeth Gentry

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301-739-1100 • 301-739-1900

RECORDS REQUEST FORM

Date: _____

To: (previous dentist/dentist office) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I authorize the release of my dental records relevant to dental treatment including **clinical notes & x-rays**, or copies of such, and request that they be transferred to:

Longmeadow Family Dental Care

images@logmeadowdental.com

Patient's Name: (print) _____ Date of birth : _____

Signature: (patient, parent, guardian) _____