Downriver Smiles
3404 W Northwest Blvd, Spokane, WA 99205
(509) 326-8039
www.mydownriversmile.com/index.php

RELEASE OF RECORDS AUTHORIZATION

| DOB:

Please select which scenario applies to you	
What is your previous dentist's name/practice name?	
What is your previous dentist's address?	
What is your previous dentist's phone number?	
What is your previous dentist's email address?	
What is your new dentist's name/practice name?	
What is your new dentist's address?	
What is your new dentist's phone number?	
What is your new dentist's email address?	
Please send a copy of:	
Please send a copy of:	

RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to info@mydownriversmile.com.

Practice Name: Downriver Smiles
Practice Address: 3404 W Northwest Blvd, Spokane, WA 99205
Practice Phone number: (509) 326-8039

Patient's signature: Date:

Downriver Smiles
3404 W Northwest Blvd, Spokane, WA 99205
(509) 326-8039
www.mydownriversmile.com/index.php

RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email.

Patient's signature: Date: