Guilderland Family Dentistry
3734 Carman Road
Schenectady, NY 12303
(T) 518-356-0077
(F) 518-356-0067

REQUEST FOR RELEASE OF INFORMATION

PATIENT NAME: ____

ADDRESS: ____

TYPE OF RECORD: _____DENTAL RECORDS _____X-RAYS _____OTHER

I HEARBY REQUEST AND AUTHORIZE (Your Previous Dentist):

TO RELEASE ANY DENTAL RCORDS ON THE PATIENT LISTED ABOVE TO:

EUNHAE PARK, DDS
3734 CARMAN RD
SCHENECTADY, NY 12303
(518) 356-0077
GuilderlandFamilyDentistry@gmail.com

SIGNATURE OF PATIENT: ________________________ DATE: ______________