



RECORD RELEASE FORM

I, _____ request the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to:

Dr. Gregory Palmer, D.M.D.
9113 Stella Link Road Ste. C
Houston, Texas 77025
T: 713-375-1777
F: 832-383-0022
info@gregorypalmerdmd.com

Name of Patient: _____ Date of Birth: _____

Records being requested:

All Records

Current radiographs Dental Health Status Reports

Diagnostic Casts Treatment Record Charts

Health History Prescription Records Photos

Other: _____

Signature of Patient/Guardian: _____ Date: _____