



**Issaquah Dental Care**

670 NW Gilman Blvd b3, Issaquah, WA 98027, USA

(425) 557 6453

www.issaquahdentalcare.com/

**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@issaquahdentalcare.com.

Practice Name: Issaquah Dental Care

Practice Address: 670 NW Gilman Blvd b3, Issaquah, WA 98027, USA

Practice Phone number: (425) 557 6453

Patient's signature:

Date:



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Date: