

Dr. Dirk Russell, DMD, PC
8014 Cumming Hwy., Suite 401
Canton, GA 30115
Phone 770/345-2010
Fax 770/345-0571
dentistry@russellsmiles.com

Records Release Request to Third Party

Today's Date: _____

I authorize the release of x-rays relevant to dental treatment, or copies of such, and request that they are transferred to:

Family Member/Friend Name: _____

Doctor: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Print Name of Patient: _____

Signature of Patient/Guardian: _____