

Clearwater Dental

3161 E. Greenhurst Rd. Nampa, ID 83686 (208) 466-9915 clearwaterdentalnampa.com

RECORDS RELEASE REQUEST

Date of request _____

Please forward dental records including x-rays, for the following patients:

Name

Date of Birth

Visit Date (if known)

<u>Name</u>	<u>Date of Birth</u>	<u>Visit Date (if known)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records may be emailed to clearwaterdental@gmail.com or sent to the above address.

Records requested from Clearwater Dental to the following address:

Authorized signature

Thank you!