



Dental Records Release Form

Patient Name to Transfer: _____ Date of Birth: _____ Phone Number: _____

Other Family Members to Transfer: _____

Previous Dentist or Practice Name: _____

Address: City, State, Zip: _____ Phone Number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to A Northwest Dental office of Dr. Eric J Lee.

I hereby give you permission to release any and all of my dental records to A Northwest Dental

Patient Signature (parent if a minor): _____ Date: _____

If records are digital, please e-mail to: anwdental1221@gmail.com

Or mail to:

A Northwest Dental
16535 5th AVE NE,
Shoreline WA. 98155