Smith & Rockefeller FAMILY AND COSMETIC DENTISTRY

Christopher H. Smith, DMD
Van P. Rockefeller, DMD

RECORDS AND X-RAY RELEASE REQUEST

Date: _____

To: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

I authorize the release of dental and medical records and x-rays relevant to dental treatment, or copies of such, and request the transfer of this information to:

Smith & Rockefeller, PC
Christopher H. Smith, D.M.D.
Van P. Rockefeller, D.M.D.

1178 Grimes Bridge Road, Suite 100
Roswell, GA 30075
(770) 992-7550
(770) 992-7868 Fax
info@SmithAndRockefeller.com

Print name of patient	Signature (patient, parent or guardian)
Print name of patient	Signature (patient, parent or guardian)
Print name of patient	Signature (patient, parent or guardian)
Print name of patient	Signature (patient, parent or guardian)