

RECORDS RELEASE/REQUEST

Do you have x-rays available at a previous dental office? Our office policy is to have current x-rays. Please have them forwarded to us in time for your appointment. Please fill out the release information below and send it to your previous dental office or return it to us as soon as possible and we can send it off for you.

To: \_\_\_\_\_  
Previous dental office

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the release of my current x-rays or copies of such and request that they be transferred to:

Ochoco Family Dental  
101 S. Main Street  
Prineville, Oregon 97754  
541-447-7276  
Digital x-rays can be e-mailed to [ochocodental@gmail.com](mailto:ochocodental@gmail.com)

\_\_\_\_\_  
Name of Patient (s)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date