



RECORDS RELEASE & REQUEST

Do you have x-rays available at a previous dental office? Our office policy is to have current x-rays on file. 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 the request for you.

Previous Dental Provider _____

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 Dental
101 S. Main Street
Prineville, Oregon 97754
(541) 447-7276**

Digital x-rays can be emailed to smile@ochocodental.com

Patient Name _____

Signature _____ Date _____