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QUINTERO
Periodontics
Implant, Laser & Sedation Dentistry

George Quintero, DDS
Diplomate, American Board of Periodontology
Diplomate, American Board of Oral Medicine
Fellow, Academy of General Dentistry

Record Release Form

-Date-

Patient:
DOB:

Describe the records you wish to access and the approximate dates of the records:
_____
_____
_____

Please check the appropriate section

1) _____ Print a copy of my records for pick up at the office

2) _____ Print a copy of my records and mail to the following address
   Name: _____
   Address: _____

3) _____ Email a copy of my records to the following address
   Name: _____
   Email: _____

If requested by the patient

Patient Signature: _____ Date: _____

If requested by the Personal Representative

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Representative Name: _____ Relationship to Patient: _____

Representative Signature: _____ Date: _____

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