Request for Release of Information: (Individual)

_____ _____

Name of patient **Date of birth**

I hereby request and authorize the release of records:

FMX, B/W, Perio Chart

The release of records from:

_____ _____

Name of Doctor **Email address**

_____

Office phone

Please forward records to:

Evergreen Family Dentistry & Orthodontics
Dr. Derek Youngblood DMD, PC
Dr. Dharmini Pathmanathan DMD, PhD

17305 NW Corridor Ct., Suite 150
Beaverton, OR 97006

Info@evergreendentistry.com

Office: (503)531-8844 Fax: (503)466-9067

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Patient Signature or Guardian Signature **Date**