

TANYA K. SACKRIDER, D.D.S.

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Yuma, Arizona 85364
(928) 782 – 3881
(928) 539 – 7115 (fax)

Date: _____

TO: _____

DENTAL RECORDS REQUEST

This letter is to serve as the patient's authorization for the release of dental records to the office of Tanya K. Sackrider, D.D.S.

_____ I am requesting records for myself, _____

_____ I am requesting records for a family member: _____

_____ I am requesting records for the entire family: _____

Please send: _____

SIGNATURE of Patient/Responsible party

Date

PRINTED NAME of Patient/Responsible party

Thank you! Tanya K Sackrider, D.D.S.