

Glen Ellyn Smiles

493 Duane Street, Suite 103, Glen Ellyn, IL 60137
(630) 858-1232 info@dentistinglenellyn.com

RECORDS RELEASE TO Glen Ellyn Smiles

Name of Patient: _____ Date: _____

I authorize the following dental office to release my dental records, including all chart notes, x-rays, perio exams and ledger notes to the office of Glen Ellyn Smiles.

Dental Office Name: _____

Address: _____

Telephone Number: _____

Print Your Name: _____

Relationship to Patient: _____

Signature: _____

Note to receiving dental office:

If your office has digital radiographs, please e-mail them to: info@dentistinglenellyn.com. Thank you.