



Today's Date: _____

I am requesting records for the family members listed below.

Reason for request:

Please release records for:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please release my records to:

Queen Creek Dental

21805 S. Ellsworth Rd Ste. #110

Queen Creek, AZ 85142

E-mal: QCDental@yahoo.com

Phone: (480)882-1151

Fax: (480)655-5248

Patient/Guardian: _____