

Dental Record and Radiograph Release Form

If you would like x-rays transferred from another office, please fill out the bottom of this form and mail or fax to your previous dentist. This will authorize them to duplicate your records. At your first visit with us, x-rays will be taken if we have not received them from your previous dentist.

Please send any current radiographs (BW, FMX and/or pano) perio chart and any other pertinent dental information to:

Cochell Family Dentistry
2225 Mission ST SE Suite 100
Salem, Oregon 97302
PH 503-585-8688
Fax 503-763-8719
frontdesk@cochellfd.com

Name: _____ Birthdate: _____

Address:

City: _____ State: _____ Zip: _____

Print Name

Date

Signature (parent if minor)

Note: My appointment at Cochell Family Dentistry is on: _____

Please be sure my records arrive before then.

Thank you