

Dental Records release form

Patient Name to Transfer:

Date of birth:

Please release dental records for the patient listed above to:

Enchantment Dental, PC

Donna Kidby, DDS

1442A St. Francis Drive

Santa Fe, N M 87505

email: drkidby@enchantmentdental.com

phone: 505-988-2178

fax: 505-982-3931

I hereby give _____ permission to release all dental records, including X-rays, charting, and photographs to the dental provider listed above.

Patient/guardian signature:

Date:
