

Peter A. Timian, DMD

636 Lincoln Highway
Fairless Hills, PA 19030
215-295-8783

RECORD RELEASE REQUEST

Date: _____

To: _____

[Doctor/Practice Name]

Patient Name: _____

Date of Birth: _____

Phone Number: [_____] _____

Email: _____ @ _____

I authorize the release and transfer of dental records, x-rays and all records relevant to my dental treatment. Please forward to:

Peter A. Timian, D.M.D.
636 Lincoln Highway - Fairless Hills, PA 19030

Your timely processing of my request is greatly appreciated as I have an appointment scheduled on _____ and need to have my records available in advance of that visit.

Signature

Date