RECORDS RELEASE FORM:

I grant my permission to release my dental records relevant to dental treatment, or copies of such, and request that they be sent to:

Office: Seattle Dental Care - Richard Stickney DDS and Thomas Cziao DMD

Address: 2107 Elliott Avenue, Suite 210, Seattle, WA 98121

Phone:(206) 728-1330 **Fax:**(206) 728-1505

Email: info@seattledentalcare.com

Name of Patient: _____ **Date of Birth:** _____

Dental Office Name: _____ **Dental Office Phone:** _____

Records Being Requested:

[x] X-rays and IO images [x] Reports [x] Charts

[ ] Diagnostic Casts [x] Treatment Record [ ]Other:

Signature of Patient or Guardian:_____

Date: _____