

# Southwest Portland Dental

## Authorization to Release Dental Records

Released from Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Patient name: \_\_\_\_\_

Last seen in your office for: \_\_\_\_\_

Last Prophy in your office: \_\_\_\_\_

List of any treatment pending \_\_\_\_\_

Please release any of the following that you have:

Most recent panoramic x-ray

Most recent bitewings

Any periapical x-rays from the past 2 years

Periodontal charting

I authorize the above x-rays/information to be sent to Dr. Jarvis and/or Dr. Goldwyn

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

**Dr. Howard R. Jarvis, DMD, LLC**

**Dr. Tiffany M. Goldwyn, DMD**

**1616 SW Sunset Blvd., Suite B**

**Portland, OR 97239-2641**

**(503) 244-8112**

**FAX (503) 245-4379**

**E-Mail: [info@southwestportlanddental.com](mailto:info@southwestportlanddental.com)**