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REQUEST FOR RELEASE OF PATIENT RECORDS

Please send the following:

Perio
Charting
(Current or
most recent)

PANO and
or FMX
(taken within
the last 5
years)

Any other
pertinent
treatment
information

BWX (taken
within the last
2 years)

PAs (within
the last year)

Patient's name: _____

DOB: _____

Address: _____

Guardian (if applicable)

(Date)

Patient's Signature

(Date)

We thank you in advance for your help and cooperation in this matter.

Previous Dentist information

(name)

(address)

(phone/fax number)