Family Preventive Dental Care, P.A.

Infants through Adults

GEOFFREY W. WAGNER, M.Ed., D.D.S.

Date:

To:

At:

Fax:

From:

Re: Request for Dental Records

____ is a patient in our dental practice. He/she has given his/her permission to request the release of dental information pertinent to continuing care. This information may include x-rays, treatment notes, or other information you feel may effect dental treatment.

I give my permission to release the above dental information to
Family Preventive Dental Care, P.A.

Signed ____

Printed name _________________________________

Date________________

Please feel free to email x-rays and/or information regarding the above patient to:
gwagner@conversent.net

Falmouth Shopping Center · 251 U.S. Route 1 · Falmouth, ME 04105 · (207) 781-4625
Fax: (207) 781-3204