



RK Dentistry

Committed to Healthy Smiles

Dental Records Release

Patient name to transfer: _____

Date of Birth: _____

Phone Number: _____

Other family members to transfer:

Previous Dentist or Practice Name:

Address: _____

City/State/Zip:

Phone Number: _____

Please forward the following information: X-rays and probing depth chart

I hereby give you permission to release any and all of my dental records to RK Dentistry, the office of Richard J. Koeltl, D.D.S.

Patient Signature (parent if a minor)

Date

Please email digital records to: RJKoeltlDDS@protonmail.com