Smith & Meadows FAMILY AND COSMETIC DENTISTRY

Christopher H. Smith, DMD
Frederick J. Meadows, DDS
Van P. Rockefeller, DMD

RECORDS AND X-RAY RELEASE REQUEST

Date: _____

To: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

I authorize the release of dental and medical records and x-rays relevant to dental treatment, or copies of such, and request the transfer of this information to:

Smith & Meadows, PC
Christopher H. Smith, D.M.D.
Frederick J. Meadows, D.D.S.
Van P. Rockefeller, D.M.D.

1178 Grimes Bridge Road, Suite 100
Roswell, GA 30075
(770) 992-7550
770-992-7868 Fax
info@smithandmeadows.com

_____ _____
Print name of patient Signature (patient, parent or guardian)

_____ _____
Print name of patient Signature (patient, parent or guardian)

_____ _____
Print name of patient Signature (patient, parent or guardian)