Warner & Warner, PLLC
601 SE 117th Ave, Ste 100
Vancouver, WA 98683
Phone: 360.260.4172
Fax: 360.260.3955
Email: care@warnerdentistry.com

Warner Dentistry

REQUEST FOR RELEASE OF RECORDS

I, _____, hereby request and give permission to
Patient's Name

Dr. _____ to provide Dr. Michael Warner of 601 SE 117th
Previous Doctor

Avenue, Suite 100, Vancouver, WA 98683 (360) 260-4172 any and all information he/she requests with respect to the dental treatment of

_____.
Patient's Name

A photocopy of this release will be as effective and valid as the original.

Signed _____ Date_____

Signed _____
Parent, Legal Guardian or Custodian of the patient if the patient is a minor

Previous Dentist Address _____

_____

Previous Dentist Telephone # _____