Edwin M. Tanpiengco, D.M.D.

DENTISTRY AT SOUTH BRUNSWICK

886 Georges Road
Monmouth Junction, NJ 08852
(732) 951-0099

Request Date: _____

General Dental Release

Please provide me with copies of all my dental records, x-rays, medication sheets, interpretations of tests, and progress notes pertaining to my treatment. I understand that my actual dental record, by law, belongs to my dentist. I understand that the information contained in the record belongs to me. I agree to accept copies of such records and to pay any fee(s) for duplication as required.

Print Patient Name: _____

Guardian or

Patient Signature: _____

Date:_____

Patient

Date of Birth: _____ SSN: _____-_____-_____

RELEASE SEND X-RAYS TO:

DR. NAME _____

ADDRESS: _____

_____

_____

Office Use Only:

Date Received: _____

Date Copies Mailed: _____

Date Copies Emailed: _____

Staff Initial: _____