

I. JAY FREEDMAN DDS & ASSOCIATES, P.C.

Dental Records Release Form

Patient Information:

Print Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Dear Doctor _____,

Please forward my complete dental records (including but not limited to **Treatment Notes, Perio Charting, and X-rays**) to:

I. JAY FREEDMAN DDS & ASSOCIATES, P.C.
1260 EASTON ROAD
ABINGTON, PA 19001

or

E-MAIL: jayfreedmandental@comcast.net

I hereby give you permission to release any and all of my dental records to I. Jay Freedman DDS & Associates, P.C.

Patient Signature (parent if a minor)

Date: _____

Other family members also requesting records:

• 1260 Easton Road • Abington, PA 19001 • 215-884-8289 •
• Fax 215-884-9085 • E-Mail JayFreedmanDental@comcast.net •
www.jayfreedmandental.com •