



**RIVERTREE
DENTAL**

Record Release Request Form

In order to comply with Washington State law, RiverTree Dental must have a written request and permission in order to release or obtain dental records such as x-rays or any other portion of your dental information. Please email records to: frontdesk@rivertreedental.com or call our office at 425-888-2703 with any questions.

_____ is sending records to RiverTree Dental.
(Office Name)

RiverTree Dental is sending records to _____
(Office Name)

Please send:

_____ X-rays

_____ Periodontal Charting

_____ Treatment Plan

_____ SRP, Perio Maintenance or Prophylaxis history

Patient Name: _____

Patient DOB: _____

Patient Phone Number: _____

Patient Signature (Or Parent/Guardian): _____

Date: _____