Three Fountains Family Dental, Inc.

Peter O. Stoltz, DMD
Brooke M. Stoltz, DMD
2248 Pine Street
West Columbia, SC 29170

Telephone: (803) 755-0039
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REQUEST FOR RELEASE OF PATIENT RECORDS

The undersigned acknowledges their lawful authority to request the release of a patient's record. The undersigned and listed patient has hereby, request that you release the following patient's records:

Dentist Name that we are requesting x-rays from: _____
Dentist Phone Number: _____

Patient's Name: _____
DOB: _____

Address: _____
_____

Patient's Signature: _____ Date: _____

The undersigned acknowledges receipt that they are lawfully authorized to receive said records.

Please send records to:
Peter O. Stoltz, DMD
2248 Pine Street
West Columbia, SC 29170
*****email if possible to info@threefountainsdental.com*****