

RELEASE OF DENTAL RECORDS

Records requested from:

Dr. _____

I, _____, request that your practice forward my current dental films and chart notes to the following:

Kevin M. Easley, D.M.D., P.C.
3003 Minnesota Dr. Ste. 200
Anchorage, AK 99503
(907) 248-0022
Fax (907)677-2552
Appointments@alaskadentistry.com

Signature _____

Date _____