



Springhill Dental and Orthodontics
637 NW Hickory St #110, Albany, OR 97321
(541) 406 3500
springhilldentalalbany.com

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RELEASE OF RECORDS AUTHORIZATION | DOB:

Please select which scenario applies to you	
What is your previous dentist's name/practice name?	
What is your previous dentist's address?	
What is your previous dentist's phone number?	
What is your previous dentist's email address?	
What is your new dentist's name/practice name?	
What is your new dentist's address?	
What is your new dentist's phone number?	
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Please send a copy of:	
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RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to info@springhilldentalalbany.com.

Practice Name: Springhill Dental and Orthodontics
Practice Address: 637 NW Hickory St #110, Albany, OR 97321
Practice Phone number: (541) 406 3500

Patient's signature:

Date:



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