



Records Release Form

The following patient(s) would like their dental records sent to our office:

We would appreciate this being taken care of expeditiously. Records may be mailed to the address listed below or emailed to: MidtownDentalofWW@gmail.com

Thank you,
Dr. Garrett Olive
& Midtown Dental Staff

Patient signature:

Dr. Garrett D. Olive
809 NW HWY 270 Woodward, OK 73801
Phone: (580) 256-6054 Fax: (580) 256-6057