



MIDTOWN DENTAL

## Records Release Form

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

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

Thank you,  
*Dr. Garrett Olive*  
& Midtown Dental Staff

Patient signature: \_\_\_\_\_