

Jeffrey D. Carl, DMD PC Christopher D. Walker, DMD

3120 Pacific Place SW
Albany, Oregon 97321

Telephone (541) 926-6089
Fax (541) 926-6196

Date of Request _____

Previous or Current Dentist

Dr. _____

Address: _____

Phone: _____ Fax: _____

My permission is granted to disclose to Dr. Jeffrey Carl DMD PC and Christopher Walker, DMD -Complete information without limitations regarding the medical findings and treatment past, present, or future of:

_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

This includes dental history, x-ray findings, diagnosis, prognosis and access to all records and photocopies of the same.

I release Dr. _____ from any laws related to disclosure of confidential or privileged information.

(Signature of patient or person authorized to consent for patient)

Please EMAIL Digital X-rays to: records@carlandwalkerfamilydentistry.com

PLEASE COMPLETE DATE OF X-RAYS & TREATMENT AND RETURN A COPY OF THIS PAGE Via FAX (541) 926-6196.

Full Mouth Series Taken: _____

Panorex Taken: _____

Bitewing x-rays: _____

Last Recall Exam: _____

Last Prophylaxis: _____

Last Periodontal Charting: _____

Full Mouth Series Taken: _____

Panorex Taken: _____

Bitewing x-rays: _____

Last Recall Exam: _____

Last Prophylaxis: _____

Last Periodontal Charting: _____