ISLAND CITY SMILES
David K. Warner, DDS, FAGD, PA
1946 Wilton Drive Wilton Manors, FL 33305
Phone: 954-565-7666 Fax: 954-565-7414
Email: info@islandcitysmiles.com

RECORDS RELEASE FORM

I, _____ request the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to:

Island City Smiles

1946 Wilton Drive, Wilton Manors, FL 33305

Email X-Rays to: info@islandcitysmiles.com

Name of Patient:_____ Date of Birth: _____

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Records being requested:

( ) Current radiographs ( ) Dental Health Status ( ) Reports ( ) Diagnostic Casts ( ) Treatment Record ( ) Charts ( ) Health History ( ) Prescription Records ( ) Photos () Other:

_____

_____

Patient Signature: _____Date: _____

Signature of Parent/Guardian: _____ Date: _____