EUNSON
FAMILY & COSMETIC DENTISTRY

131 Commons Court
Chadds Ford, PA 19317
Website: www.EunsonDental.com

Phone: 610.558.1977
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Record Release Authorization

I hereby authorize _____ to release my complete dental records and X - rays to Eunson Family & Cosmetic Dentistry.

☐ Please include my complete medical and/or dental records – medical history, dental history, treatment and progress notes, any correspondence with specialists.

☐ When possible, please email my dental radiographs to Smiles@EunsonDental.com
Please send radiographs in jpeg format / single image.

Name: _____ Birth date: _____

Signature: _____ Date: _____

Please request my dental record from: _____

Address: _____

Phone : _____ Fax: _____