

Diamond Dental of Owings Mills

9419 Common Brook Rd #310
Owings Mills, MD 21117
(443) 394-2273

Record Release Form

Please release the following records for myself and/or my family members listed below:

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the following Office:

There is normally a \$20.00 radiograph duplicating fee for each patient, but this time we are going to waive the fee for you and please let us know if we can be any help in the future.

The Reason for this request is:

_____ Moving _____ Seeking a second opinion
_____ Other (Please explain) _____

I _____ authorize the dental office to release the above listed record(s) to the above listed office.

I request for the records to be ___ Picked up ___ Mailed to above office ___ Mailed to patient

Signature Date

***NOTE: Records will not be released without a signature.**