



RICHARDS FRANKEL DENTISTRY

Dentistry designed for health and well being.

5395 Mayfield Road, Lyndhurst, OH 44124 (440)-442-4477
www.richardsfrankeldentistry.com

Dental Records Release Form

I, (print patient or guardian name) _____, on this date
_____ hereby request:

Name of dental practice: _____

Address: _____

Telephone #: _____ Fax #: _____

Email: _____

Patient signature: _____

To release my records or knowledge concerning my dental health to Dr. Margaret Frankel and staff of Richards Frankel Dentistry (select one):

1. Given directly to me
2. Send directly to a dental office
3. Given to guardian (if patient is a minor) OR
4. Email directly to: Info@RichardsFrankelDentistry.com

I am requesting that you release the following:

1. All X-Rays
2. All treatment notes

If you have any questions, please feel free to call Richards Frankel Dentistry at (440)-442-4477.

Thank you.