



Jay K. White, DDS, LTD.
4660 Kenmore Avenue
Suite 320
Alexandria, VA 22304
703 751-7600

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:

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Signature of Parent/Guardian: _____ Date: _____