

Dr. Brandon Turley D.M.D., P.C.

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Redmond, OR 97756

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Email: turleydmd@yahoo.com

I _____, Hereby authorize the release of

My dental records from the office of: _____
PREVIOUS OFFICE

Please send or email my records to:

Dr Brandon Turley D.M.D., P.C.

701 W Antler Ave

Redmond, OR 97756

Email: turleydmd@yahoo.com

DATE OF LAST VISIT: _____

X-RAY INFORMATION:

Last FMX _____ Last Bitewing x-rays _____

_____ 1. Existing x-rays are outdated and have not been enclosed

Patient Signature: _____

Parent/ Guardian signature: _____

Date _____