Paul L. Saunders, D.D.S.
Short Pump Crossings
3422 Pump Road
Richmond, VA 23233
(804)-364-0909
FAX (804)364-1202

Date: _____

I, _____, authorize the release of my dental records to be sent to:

_____

_____

_____

Dental Office Email_____

(OR)

I, _____, have obtained these records personally, to be forwarded to another dental office.
(Current bitewing x-rays and panorex)

Optional

Reason for leaving: Insurance, Moving, or Personal Reasons

_____

_____

_____

_____

Print name of patient(s)

_____

Signature of Patient, Parent, or Guardian