



Watkins Park
FAMILY DENTISTRY

MEDICAL RECORDS RELEASE

Please fill out the following information if you would like our assistance in obtaining any dental records and/or radiographs from another dental/medical provider.

Doctor's Name _____

Address _____

Phone _____

You are authorized to release my complete medical records to:

Watkins Park Family Dentistry

34 Watkins Park Drive

Upper Marlboro, MD 20774

Phone: 301-880-9498 Fax: 240-254-3532

watkinsparkdentistry@gmail.com

Print Full Name _____

Date of Birth _____

Signature (patient or parent/legal guardian) _____

Date _____