

Release of Dental Records

Rabe Family Dentistry P.C.

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Hillsboro, OR 97123

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(503) 648-0463 Fax

rfd@rabedent.com

I, _____, am requesting my current dental records and or films to be released to me, or to be sent to the following dental office.

Previous Dental Office Name: _____

Previous Dental Office Phone _____ FAX _____

Dr Ronald B Rabe

Dr Jui Chun Cheng

Rabe Family Dentistry

Additional family members listed below:

- _____
- _____
- _____
- _____

Signature: _____ Date: _____