

NOVA DENTAL CARE

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CHANTILLY, VA 21050
(703) 222-0202

MEDICAL RECORDS RELEASE REQUEST

Name of Patient requesting records: _____

I hereby authorize the release of the following dental/medical records:

- X-Rays
- Office Visits
- Medications
- surgical /treatment care

To be released to the office of Nova Dental Care

From the office/provider of: _____

Contact number: _____

Physical address: _____

Additional Notes:

Patient Printed Name

Patient Signature

Date Signed

Witness Printed Name

Witness Signature

Date Signed