NORTH SEATTLE DENTAL

Christopher Pickel, DDS, PS
Spencer Face, DDS, PLLC
11011 Meridian Ave N Suite 301
Seattle, WA 98133
Ph (206)524-1000 Fax (206)524-0877

Dental Records Request

Patient Name _____

Date of Birth _____

Patient phone _____

Other Family Member's to Transfer _____

Previous Dentist or Practice _____

Previous Dentist City/State _____

Previous Dentist Phone _____

I hereby give permission to release any and all of my medical/dental records and release

Practice name or Dr(s) _____

from any laws related to disclosure or confidential information.

Signature _____ Date _____

Patient or person authorized to consent for patient(s).

Please forward records to scheduling@northseattledental.com (fmx up to 5 years old, most recent bitewings, most recent periodontal charting).