

## Records Release Form

Please fill out this form and send or fax it to your current dentist *before* your child's appointment with us. It is preferable to have your child's records and any films sent to our office prior to his/her appointment so that Dr. McGuire has ample time to review them.

To whom it may concern:

Please release my child(ren)'s dental records and most recent x-rays to:

Pediatric Dental Associates of Clinton, PA  
c/o Dr. Mary Jo McGuire  
1465 State Highway 31  
Annandale, NJ 08801

(908) 735-6300 ph  
(908) 735-6335 fax

Thank you.

\_\_\_\_\_  
Parent signature                      date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

Child(ren) name:

Date of birth

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