Bullis Pond Dental

PREVENTIVE CARE • **SMILE DESIGN** • RESTORATIVE CARE

3504 Oakwood Mall Drive
Eau Claire, WI 54701
Phone: (715)895-6531 Fax: (715)895-6535
info@bullisponddental.com

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

To Bullis Pond Dental

I, ______________________________ (print name), hereby request the disclosure of Information from my dental records on file with:

Eau Claire Family Dental/ Dr Fleming.

Patient Name: ____

Date of Birth: __________________

____

Patient/Guardian Signature *Date*

TO BE COMPLETED BY PREVIOUS DENTIST:

Date of last Prophy/Perio Maintenance/ Scaling Root Planing:

____

Please Include: (Per Dr Fleming Request)

- All current x-rays
- Patient chart view with any treatment plans listed underneath.
- Last Perio Probing