

Mertens Dental Associates

3805 Washington Road

McMurray, PA 15317

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Fax (724) 941-8757

Email: frontdesk@mertensdental.com

Dental Records Release Form

Please check one: Release records to Mertens Dental Associates *

Release records from Mertens Dental Associates

Name/Address of other dentist: _____

Phone () _____

Email: _____

I, _____, authorize the release of any dental and/or x-rays to or from Mertens Dental Associates.

Print Name

Patient Signature

*Once top portion is completed, **please send form to previous dentist** for processing

Office Use Only For Patient Listed Above _____

Date of:
Last Prophylaxis _____
Exam _____
Bitewings _____
Pan or FMX _____

Major Restorations (Dates and Tooth Numbers)

Crowns _____
Onlays _____
Partials _____
Bridges _____

Comments:

(Please call our office with any questions)