Dr. Bryan H. Lamb DMD

.gentle as a lamb.

4255 N Eagle Rd Suite 102 Boise ID 83713
(208) 344-6300 Fax: (208) 938-9906

RECORD RELEASE

Date: ______________________________

Patients Name: ____DOB: ________________________

Address: ____ Phone Number: _____________________

This form is to authorize the release of medical records including x-rays from:

Current Dentist:

Name: ____

Address: ____

Phone number: __________________________ Fax: ______________________

Please send records to:

Dentist Referred To:

Name: ____

Address: ____

Phone number: __________________________ Fax: ______________________

I consent to the release of all dental records and notes including x-rays obtained through my entire course of all dental treatment and diagnosis from any dentist who has provided me with a care at any time in the past, present or future.

Signed: ____ Date: ___________________