

Henrietta Family Dental
2210 East Henrietta Rd
Rochester, Ny 12623
585-424-3310

X-Ray/Record Release Form

Patient's Name/DOB: _____

Family Members: _____

I am requesting that my records be sent to:

Doctor/Office: _____

Address: _____

Phone Number: _____

Email: _____

Reason for leaving the practice _____

Patient's Signature _____ Date: _____