

Please provide this form to the dentist you wish to
have records sent from
prior to your appointment

Dental Records release form

Patient Name to Transfer: _____

Date of birth: _____

Please release dental records for the patient listed above to:

Enchantment Dental, PC
Donna Kidby, DDS
1442A St. Francis Drive
Santa Fe, N M 87505

email: enchantmentdental@netzero.com

phone: 505-988-2178

fax: 505-982-3931

I hereby give _____ permission to release all dental records,
including X-rays, charting, and photographs to the dental provider listed above.

Patient/guardian signature: _____

Date: _____