moreland neighborhood
:DENTAL

AUTHORIZATION TO RELEASE RECORDS

I (print name)_____ herby request and give permission for you to provide any and all dental records to Moreland Neighborhood Dental.

Please email digital x-rays and other records to:
smile@morelanddental.com

Please mail traditional x-rays and other records to:
Moreland Neighborhood Dental
6200 SE Milwaukie Ave.
Portland, OR 97202

Phone: 503-235-7000
Fax: 1-888-246-0768

A copy of this release will be as valid as the original.

Signed_____ Date:_____