

## Records Release Form

I, \_\_\_\_\_, would like to request that my dental records, to include...

- Full mouth x-rays within the past 5 years
- Panoramic x-rays within the past 5 years
- Bitewing x-rays within the past 2 years
- Most current periodontal charting

Be sent to...

Dr. Mark J. Andrews  
7311 NE 141<sup>st</sup> St, Suite 1  
Kirkland, WA 98034

Email: [welcome@markjandrewsdds.com](mailto:welcome@markjandrewsdds.com)

Phone: 425-821-8100  
Fax: 425-821-5704

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date