



COMPLETE FAMILY AND COSMETIC DENTISTRY

RECORDS RELEASE REQUEST

Date: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize the release of the dental records and/ or medical records relevant to dental treatment that has been performed in the above listed office, and request that they are transferred to:

Lashley Family Dentistry
Dr. Craig B. Lashley, D.D.S., P.A. – Dr. Rebecca L. Twietmeyer, D.D.S.
2105 N Ridge Rd - Wichita, Kansas 67212
Telephone: (316) 773-1177 - Fax: (316) 773-2693
Can also be emailed to: erica@lashleyfamilydentistry.com

Patient's Name/ DOB
(Please include all family members' names)

Signature of Patient (Guardian)