



Dr Lenny Arias DDS, FAGD

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DENTAL RECORDS RELEASE FORM

List all patient names records are being released for:

I request that my dental records be transferred to:

Office Name: _____

E-mail: _____

Phone Number: _____

Fax: _____

Please include the following:

- Current full mouth x-rays and bitewings.
- Progress and treatment notes.
- Periodontal charting history.
- Copies of any letters from specialist.
- PA's for crowns or endodontic treatment.

I authorize the release of the above information.

Patient Name (print) _____

Patient Name (sign) _____

Date _____

Records reviewed and released from Dr. Arias on date: _____

Dr. Lenny W. Arias: _____