



DR. LARRY BRAITHWAITE, DMD
FAMILY & COSMETIC DENTISTRY

www.badgermountaindental.com
509.578.1200

GIVING FAMILIES A REASON TO SMILE!

482 KEENE RD.
RICHLAND, WA 99352

Release of Records Request

Patient: _____ DOB: _____

Please Include all Family Members Including:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Signature of Patient: _____ Date: _____

I hereby authorize the release of my dental records, treatment records, perio charts, x-rays or copies of such and request that they be transferred to:

Badger Mountain Dental

482 Keene Rd.
Richland, WA 99352
(509)578-1200 phone
(888) 282-4155 fax

badgermountaindental@gmail.com

(office use only)

Requesting Records From:
Fax # or email:
Date Sent:

We really appreciate your time in sending these to us.