PEDIATRIC SPECIALISTS
Dentistry FOR CHILDREN
DRS. DILL, VARBLE, WONG & PARKS

Andrew J. Dill, DMD

Amy Varble, DMD

Michael W. Wong, DMD

Conrad Parks, DDS

Release of Records

I, _____hereby authorize Dentistry for Children to release _____ dental records. These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to my treatment.

Please release dental records for the patient listed above to the following Dental Office:

Office: _____

Address:_____

Number:_____

Email:_____

OR

Personal Email: _____

_____

Signature Date

Creve Coeur Office

Fax: 314-567-0260

Email: STL@dentistryforchildrenstl.com

St. Charles Office

Fax: 636-946-5005

Email: STC@dentistryforchildrenstl.com