

# Dentistry for Children and Adolescents

**Murray H. Appelbaum, DMD**

**Andrew J. Dill, DMD**

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## Release of Records

I, \_\_\_\_\_, hereby authorize the office of Drs' Appelbaum, Dill, Varble & Wong to release the dental records for \_\_\_\_\_. These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to my treatment.

These records may be released to: (Circle One)

1. My dentist / doctor: \_\_\_\_\_

Address or e-mail \_\_\_\_\_

2. Sent to my home address: \_\_\_\_\_

3. Released to person authorized by me: \_\_\_\_\_

4. Personally picked up records today.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax # for Creve Coeur office 314-567-0260

Fax # for St. Charles office 636-946-5005