

Chris McKinney, DDS
15525 Pomerado Road, Suite C-6
Poway, CA 92064
(858) 485-6600
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Authorization for the Release of Dental Records and X-rays

I, (patient/guardian name) _____ hereby
authorize the doctor and staff of _____
Name of previous dentist or office

to release all necessary dental records and x-rays concerning the health
of _____.
Patient Name

I specifically request that you release copies of all x-rays to

Chris McKinney, DDS
15525 Pomerado Rd Suite C-6 Poway, CA 92064
Ph # 858-485-6600 Fax 858-673-5546

E-mail address; **xrays.mckinney@gmail.com**

Signed: _____

Printed Name: _____

Mailed: _____

Emailed: _____

Patient Pick-up: _____