

Gregory W. Barry, DDS, PC
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(360) 379-1591

Dental Records Request or Release (Check one below)

Patient's Legal Name _____

Date of Birth ___/___/___

Parent/Guardian _____

(If under 18 years of age)

Name or number of previous provider:

Records Request

Please forward this patient's dental records to:

gregbarrydental@gmail.com

Please send: FMX/PANO 5 years old or less

BWX 1 year old or less

Thank you!

Other: _____

Records Release

Dr Gregory Barry, you have my permission to release my dental records
to _____

Signatures

Patient _____ Date _____

Parent/Guardian _____ Date _____