



Dental Records Release Form

I, _____, authorize the release of all current dental records and images to Dental Associates. Please select provider you are releasing your records to:

- ☐ Steven Hall DMD- email to Dr.Hall@DAsmile.com
- ☐ Jason Mielcarek DMD- email to Dr.Mielcarek@DAsmile.com
- ☐ Ofer Doron DMD -email to Doronstaff@DAsmile.com
- ☐ Nathan Mumford, DMD- email to Dr.Mumfod@DAsmile.com

Email Images as Dexis files (preferred) or JPEGs with the dates taken.

Records are being requested from:

DR. _____

Address: _____

Fax #: _____

Phone# _____

Patient, Parent or Guardian Signature: _____

Date: _____