



Dr. Edward Chin, DDS, MS | Dr. Ali Nassiri, DDS | Dr. Emily Johnson DDS | Dr. Rosemary Chen, DMD | Dr. Diana Rosenbaum, DMD
Bellingham | Stanwood | Ferndale | Lynden

Release of Records Form

Patient's name: _____

Date of birth: _____

Patient's name: _____

Date of birth: _____

Patient's name: _____

Date of birth: _____

I, _____ (parent or guardian) authorize the transfer of records and x-ray information **to/from** (circle one) Apple Pediatric Dentistry for the above named child(ren).

Office name: _____

Phone #: _____

Email: _____

Parent Name (signature): _____ **Date:** _____

Email: appledentalreception@gmail.com
Fax: (866) 501-0671
Phone: (360) 389-3198

Office use only: Records Received Date: _____ Staff Initials: _____