Cascade Dental
16703 SE McGillivray Blvd, Ste 100
Vancouver, WA 98683
360-892-2994 Phone
360-892-3929 Fax
www.cascadedental.com

Authorization to Release Dental Records

Patient Name_____ Date of Birth _____

I authorize my records to be transferred from the following office:

Dentist or Office Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

I authorize Cascade Dental to send my records to:

Dentist or Office Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

Records to be transferred:

- ☐ X-Rays
- ☐ Periodontal Charting
- ☐ Treatment Plan

Records to be transferred:

- ☐ Relocating or Moving
- ☐ Change in Insurance
- ☐ Other: _____

Patient Signature _____ Date _____

Email records to: new.patients@cascadedental.com