

Dr. Paul R. Stanovick
4005 Fox Hunter Lane
Mechanicsville VA 23111
Phone 804-781-1919 Fax 804-781-1949

Records Release Request

Date: _____

I authorize the release of dental records, X-rays & medical records relevant to dental treatment, or copies of such, and request that they be transferred to:

Paul R. Stanovick, D.D.S.

Please email to:

smilebystano@gmail.com

Transfer From:

Name: _____
(Doctor)

Address: _____

City: _____ State: _____ Zip: _____

On the following family members:

Print name or patient

Signature