



Rama Oskouian, DMD, PLLC
Woodinville Pediatric Dentistry
17000 140th Ave NE, Suite 302
Woodinville, WA 98072
(425) 402-8393 office
(425) 402-8394 fax
office@woodinvillepd.com

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS

Today's Date: _____

Pick-up E-mail encrypted Mail

Patient's Name: _____ Date of Birth: _____

Request for: Records X-rays

I authorize Dr. Rama Oskouian to release records to:

Name of Dentist/Doctor: _____

Address: _____

Phone: _____

E-mail Address: _____

Please request my child's (children's) records from:

Name of Dentist/Doctor: _____

Address: _____

Phone: _____

E-mail Address: _____

Reason for Records Request:

- Referred to Specialist
- Changing Dentist
- Other
- Moving

New Address: _____

Signature of Parent or Guardian _____