

RECORDS RELEASE

Please fill out this form and email or fax it to your current dentist before your child(ren)'s appointment with us. It is preferable to have your child(ren)'s records/films sent to our office prior to the appointment, so Dr. McGuire has ample time to review them.

To Whom It May Concern:

Please release my child(ren)'s dental records and most recent x-rays to:

Pediatric Dental Associates of Clinton, PA

c/o Dr. Mary Jo McGuire

1465 State Hwy 31

Annandale, NJ 08801

Phone: 908 735 6300

Fax: 908 735 6335

Email: office@mcguiredmd.com

Parent signature

Date

Address:

Child(ren)'s name:

Date of Birth:

