



Media Smiles

Kate Cavanaugh, DMD

Dental Records Release Form

If you would like x-rays transferred from another office, please fill out the bottom of this form and send it to your previous dentist. This will authorize them to duplicate your records. At your first visit with us, x-rays will be taken if we have not received them from your previous dentist.

**Media Smiles
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Media, PA 19063
(610)566-0885
Fax: (610)566-0741
Email: mediasmiles@yahoo.com**

Name: _____ Patient DOB: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

(Print Name)

(Date)

(Signature) (parent if minor)