



Gentle Touch Dental South
1110 S Greeley Highway
Cheyenne WY 82007
Phone: 307-306-5510
Fax: 307-306-5509

Gentle Touch Dental South
Records Release Form

I, _____ request the release of dental records relevant to dental treatment (x-rays, charting or clinical notes), or copies of such, and request that they be transferred to:

Dentist or Practice Name:

Address:

City/State:

Phone Number: _____ Fax: _____

Email: _____

Other Family Members to Transfer:

Today's Date: _____

Patient/Guardian Signature: _____