



Meredith L. Stabley DMD

FAMILY DENTISTRY

RECORDS RELEASE FORM TO DR. MEREDITH L. STABLEY DMD FAMILY DENTISTRY

Date Requested: _____

Dental Practice: _____

Patient Name: _____

Patient Date of Birth: _____

Please send records to Dr. Meredith L. Stabley DMD Family Dentistry Office

- Copies of any full mouth series of xrays taken within the last 3 years
- Copies of any panoramic xrays taken within the last 3 years
- Copies of any bitewing xrays taken within the last year
- Copy of the last perio charting
- Any pertinent information which would help us understand the treatment history for this patient
- Record of the last hygiene visit

This information may be emailed to: mstableydentistry@gmail.com

I authorize the release of my dental records, clinical notes, health history, photos, and radiographs relevant to future dental treatment to the office of Dr. Meredith L. Stabley Dentistry.

Patient / Parent Signature: _____

Date: _____