

Practicing All Phases of Advanced Dental Care

John Beck, DDS

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450 Broadway

Dobbs Ferry, NY 10522

Dobbs Ferry Family Dental



**REQUEST FOR RELEASE OF DENTAL RECORDS**

Records are being requested from Dr. \_\_\_\_\_

Located at: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize release of all dental records  
including radiographs and daily treatment notes. Please send my dental records to:

**Dr. John Beck**  
**450 Broadway**  
**Dobbs Ferry, NY 10522**  
**E-mail: [df.familydental@gmail.com](mailto:df.familydental@gmail.com)**

Signature: \_\_\_\_\_

(Patient or person authorized to consent for patient)

Print patient's name (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_