

Thomas M. Reedal, D.M.D.  
3400 S.W. 187<sup>th</sup> Ave. Ste. 3  
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503-649-4124

DENTAL RELEASE FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Please release/send my most recent FMX and/or Pano, BWX, Perio Charting, and any outstanding treatment plan to: Thomas M. Reedal, DMD 3400 SW 187<sup>th</sup> Ave. Ste 3, Beaverton OR 97003 or email; reedaldental@yahoo.com.

Thank You

SIGNATURE \_\_\_\_\_

DOCTOR TO REQUEST FROM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_