CAMBRIDGE DENTAL ASSOCIATES
MICHAEL SNIDER, DMD • LINDSAY FUQUA, DMD

Please release my dental records:

- Including all available radiographs (digital or film based)
- Recent treatment history for the past 3 years if available
- Any other pertinent information deemed necessary by my treating dentist

Patient Name: _____ Date of Birth: _____
(Print please)

Please release all records of listed family members (under age of 18)

Family Members: _____ Date of Birth: _____
_____ _____
_____ _____
_____ _____

Signature: _____ Date: _____

Release to:

Cambridge Dental Associates

1302 SC Hwy 72 W Business

Greenwood, SC 29649

864.229.5885

Email: cambridgedentalGWD@gmail.com

www.cambridgedentalGWD.com