

Michael Snider, DMD



CAMBRIDGE DENTAL ASSOCIATES

864.229.5885 www.CambridgeDentalGwd.com

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

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Greenwood, SC 29649

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