Andrew Tillman, D.M.D., PC
2015 Willamette St.
Eugene, Or
Phone (541) 687-2717 Fax (541) 687-7977

Dental Records Release Form

Patient Name to Transfer: _____

Date of Birth: _____

Phone Number: _____

Other Family Members to Transfer: _____

_____

Previous Dentist or Practice Name: _____

Address: _____

Phone Number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Tillman Family Dental, PC.

I hereby give you permission to release any and all of my dental records to Tillman Family Dental, PC.

Patient Signature (parent if a minor) _____ Date _____

If records are digital, please e-mail to:
info@tillmanfamilydental.com

Or mail to:
Tillman Family Dental, PC
2015 Willamette St.
Eugene, Or 97405