



DENTAL RECORDS RELEASE FORM

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Other family members to transfer: _____

Previous Dentist or Practice Name: _____

City/State: _____

I hereby authorize you to release any and all of my dental records and radiographs to Blue Hill Family & Cosmetic Dentistry, the office of Dr. Juan R. Aponte.

Patient Signature (parent or guardian if a minor)

Date

If records are digital, please email to:
info@bluehillfamilydentistry.com

Or mail to:
Juan R. Aponte, D.D.S.
Blue Hill Family & Cosmetic Dentistry
125 Brown Avenue
Crossville, TN 38555
(931) 484-7650