8055 N Via De Negocio, Scottsdale, AZ 85258
Phone: (480) 607-6937, Fax: (480) 609-6973
www.scottsdalefamilysmiles.com

REQUEST FOR RELEASE OF RECORDS

I hereby request and give my permission to provide any and all information and copies of my x-rays to Dr. Kamran Fattah, DMD. Email if possible to info@ScottsdaleFamilySmiles.com. If that is not an option, please mail films to:

Dr. Kamran Fattah, DMD
8055 N Via De Negocio
Scottsdale, AZ 85258

A photograph of this release will be as effective and valid as the original.

_____ Patient Date of Birth _____
Printed Name of Patient

_____ Date_____
Patient Signature / Legal Guardian or Personal Representative Signature