



DDS
The Art & Science
of Dentistry

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MEDICAL RECORD RELEASE

DATE: _____

Please release my dental records and send them to the office of Dr. Howard P. Jensen and Dr. Kevin M. Brown to the address listed above or email to frontdesk@jensenbrowndds.com

PATIENT NAME: _____

ADDRESS: _____

TELEPHONE#: _____

Other family members for which transfer is requested:

SIGNATURE DATE