

Timothy C Rothrock DDS, PA
1308 S Pleasant St Springdale, AR 72764
479-751-5071
www.smilesbyrothrock.com

AUTHORIZATION OF DENTAL RECORDS RELEASE

PATIENT INFORMATION:

PREVIOUS DENTAL OFFICE:

Full name of patient(s)

Name of Dental office

Address

Address

Date of Birth

Phone

Phone

Please release/ forward any and all radiographs (x-rays) that relate to above patient(s) as they will be continuing their dental care with our office. The records will be treated with the utmost confidentiality, and we thank you for your assistance.

Mail to: Dr Timothy C Rothrock DDS
1308 S Pleasant St
Springdale, AR 72764

or send via email: office@smilesbyrothrock.com

Print Name _____
(Patient/ Guardian)

Signature _____
(Patient/ Guardian)

Date _____

Thank you