

**BITTNER DENTISTRY FOR KIDS**

17680 SW Handley St. #201 Sherwood, OR 97140 Phone: (503)625.5437 Fax: (503)625.5433

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**RELEASE FROM :**

Previous Dentists name \_\_\_\_\_

Facility name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**RELEASE DENTAL RECORDS TO:**

JJ Bittner DMD

Kendra Flann DMD

Bittner Dentistry for Kids

17680 SW Handley St #201

Sherwood, OR 97140

Phone 503.625.5437 Fax 503.625.5433

Email records to: [frontdesk@bittnerdentistryforkids.com](mailto:frontdesk@bittnerdentistryforkids.com)

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Patient name \_\_\_\_\_ DOB \_\_\_\_\_

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Patient name \_\_\_\_\_ DOB \_\_\_\_\_

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Patient name \_\_\_\_\_ DOB \_\_\_\_\_

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Patient name \_\_\_\_\_ DOB \_\_\_\_\_

Purpose of release :  Transfer of dental care  
 Other: \_\_\_\_\_

I have reviewed and I understand this Authorization. By signing this I am authorizing release of dental records of the above individuals to Bittner Dentistry for Kids.

X: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient or Guardian Signature)

Relationship to Patient: \_\_\_\_\_

Date requested \_\_\_\_\_