

CROGNALE FAMILY DENTISTRY

2958 Marietta Avenue
Lancaster, PA 17601

RECORD RELEASE FORM

Patients Name _____
D.O.B.: _____

Last Office Visit: _____
Last Prophylaxis: _____
Last Radiographic Series (FMX): _____
(BW): _____

Referrals

Orthodontic:	Dr. _____	Date: _____
Periodontal:	Dr. _____	Date: _____
Other:	Dr. _____	Date: _____

Records will be transferred to: Dr. _____

Email address for new dental office: _____

Please contact us at 717-898-6068 for additional information

Authorizing Signature: _____ Date: _____