



8055 N Via De Negocio, Scottsdale, AZ 85258
(480) 607-6937

REQUEST FOR RELEASE OF RECORDS

I _____, hereby request and give my

Permission to Dr. _____ 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

Patient's Name

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

Signed: _____ Date: _____
Patient

Signed: _____
Parent, Legal Guardian or Custodian of the patient if patient is a minor

Address: _____
City, State, Zip