

**Brant P. Rouse D.D.S.
New Direction Dental
559 Meadow Creek Drive
Tahlequah, OK 74464
(918)456-0977**

REQUEST FOR DENTAL RECORDS

Patient Information:

Name:

Address:

Telephone:

Birthdate:

Previous Dentist Information:

Dental Office:

Address:

City, State, Zip:

Telephone:

Fax:

I request that my dental records be released and mailed or e-mailed to the office of:

Brant P. Rouse, D.D.S.

Email to: info@tahlequahsmiles.com

(Please include FMX and/or PANO taken within the last 5 years; BWX, Perio charting, and the dates of service for each. Thank you in advance.)

Signature: _____ **Date:** _____

DISCLAIMER:

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