

Marcus A. Fairbanks, DDS
Darcy R. Galbraith, DDS
Terra L. Schmidt, DDS
3628 Meridian, Suite 1-B
Bellingham, WA 98225
Phone: 360-676-9050 Fax: 360-676-1593
www.fairbanks-galbraithdds.com

DENTAL RECORDS REQUEST FORM

Patient Name: _____ Phone: _____

Releasing Doctor: _____

Address: _____

City, State, Zip: _____

Other Family Members: _____

Please forward the most recent information that you have: x-rays, panolipse, probing depth chart notes, and photographs to the practice of Marcus A. Fairbanks, DDS and Darcy R. Galbraith, DDS, PLLC.

I hereby give you permission to release any and all of my records and/or any listed family members records included in this release to Marcus A. Fairbanks, DDS and Darcy R. Galbraith, DDS, PLLC.

Patient Signature (patients authorized representative) Date

If records are digital, please email to: info@fairbanks-galbraithdds.com

Or mail to: Marcus A. Fairbanks/Darcy R. Galbraith, DDS
3628 Meridian, Suite 1-B
Bellingham, WA 98225