

BOULEVARD DENTAL ASSOCIATES

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Reading, PA 19611
610-775-0321
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RECORDS RELEASE FORM

Name and address of previous dentist:

Please be advised that I hereby authorize the release of my records (*including progress notes, periodontal charting, and current radiographs*) and request that they be transferred to the office of:

**Boulevard Dental Associates
430 Kenhorst Boulevard
Reading, PA 19611
Or Emailed to: smile@boulevarddentist.com**

Patient Name(s) (please print):

Patient signature:

Date: _____