



2165 Fourth St. Livermore, CA 94550 (925)443-4182

Consent for requesting Dental records and X-rays from previous Dental Office

I hereby give Smiles by Design permission to request my dental records and x-rays from my previous dental office.

By signing below I give my consent for Smiles by Design access to my dental records

Patient or Legally Authorized Individual's Signature _____ Date _____

Print Name _____ Relationship to Patient _____

Records can be sent via email at records.smilesbydesign@hotmail.com