



Redmond Family Smiles
Navid Farzadfar DDS

Dental Records Release Request

Date: _____

I, _____, am requesting a copy of my dental records as well as any recent x-rays be sent to:

Navid Farzadfar DDS at Redmond Family Smiles
8575 164th Ave NE, Suite 201
Redmond, Washington 98052

Phone #: (425)-885-3010

Fax #: (425)-882-0373

E-mail: FrontDesk@RedmondFamilySmiles.com

From the following office: _____

Doctor's Name _____

Phone _____ Fax _____

E-Mail _____

Please include copies of the most recent radiographs, bitewing & FMX radiographs as well as pertinent progress notes and treatment plan notes.

***Records can be sent preferably via E-mail or fax.**

PATIENT D.O.B. _____ PATIENT APPOINTMENT DATE: _____

SIGNATURE _____

(Patient or legal guardian)