



Gila C. Dorostkar, DDS
PEDIATRIC DENTISTRY

1300 South Eliseo Drive, Suite 100
Greenbrae, CA 94904
T: (415) 461-0414
F: (415) 461-0431

Request for Release of Records

Instructions: This authorization form must be completed and signed by a Parent or Legal Guardian; we cannot release medical records without a valid signature. **Please print** responses in a clear, legible manner. You may use one form for multiple patients. **Allow one week prior to your appointment for us to compile and send your child's records.**

Your Child's Information
Today's Date: _____
Patient Name(s): _____
Appointment Date With New Dentist: _____

New Dentist Information
Dentist's Name: _____
Phone Number: _____
Email Address: _____
<i>* We prefer to transfer records electronically, if your new dentist does not have an email address, please complete the mailing information below.</i>

Mailing Address of New Dentist
Street Address: _____
City: _____ State: _____ Zip: _____

Signature of Parent or Guardian

Print Name of Above Person

Street Address

City State Zip

Telephone

Office Use Only
Date Received:
Initials: