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RELEASE OF DENTAL RECORDS

Please provide me with copies of my dental treatment records, including diagnostic x-rays and any other materials, notes or copies of medications prescribed. I understand original records and x-rays are your property. I agree to accept copies and to pay reasonable fees for such copies.

New Jersey State Law requires these x-rays to be released within 30 days of this written request to me or Dr Shah 723 North beers street, suite 2 F, Holmdel New Jersey 07733

I have read and understand the above information and the information given to me verbally.

Patient Signature.....date.....

Witness.....date.....