Walla Walla Pediatric Dentistry
Stacey Kutsch dds, ms, pllc

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Walla Walla, WA 99362
Phone: 509-522-0555
Fax: 509-876-8200
Email: frontdesk@wallakids.com

DENTAL RECORDS RELEASE FORM

Patient name: _____

Date of birth: _____ Phone number: _____

Other siblings requesting records: _____

Previous Dentist or Practice Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Please forward the following information in regards to the above named patient(s):
Radiographs and dental treatment records.

I hereby give permission to release any and all of my dental records to Walla Walla Pediatric Dentistry.

_____ _____
Parent or Guardian Signature Date

If records are digital, please email to: frontdesk@wallakids.com

Or mail to:

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(509) 522-0555
(509) 876-8200 (fax)