

# Tender Care Dentistry

29795 Three Notch Rd Charlotte Hall, MD 20622  
301-290-0001 Fax:301-290-5633

## Request for release of dental records

**From:** \_\_\_\_\_

(Dentist Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, Zip)

Email the most recent Pan and/or Bitewings to:

[TCDXrays@gmail.com](mailto:TCDXrays@gmail.com) (in a .jpeg format)

\*Please include the Name of the patient and the date of the x-ray(s) with the email.

\*If email capability is not available, then please mail the x-rays to:

29795 Three Notch Rd  
Charlotte Hall, MD 20622

\_\_\_\_\_ Date \_\_\_\_\_

(Authorized Signature)

Patient(s) Names

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_