



River City Dentistry
11551 Nuckols Road, Ste. B
Glen Allen, Va. 23059
Main: (804) 270.7737
Fax: (804) 270.7475

rcdwest@rivercitydentistryrva.com

PATIENT CONSENT FORM
RELEASE RECORDS AND RADIOGRAPHS

I hereby request, and consent to, the release of my records and radiographs to the office of: River City Dentistry

Patient's Name: _____

Address: _____

Phone #: _____

From the office of: _____

Address: _____

Phone #: _____ **Fax #:** _____

Email: _____

Thank you,

Printed name of patient

Signature of patient or legal guardian

Date