



Gray Cosmetic and Family Dentistry
2701 W. Cuthbert
Midland, Texas 79701
(432) 694-5741

Dental Records Release Form

Patient Name to transfer: _____

Date of Birth: _____ Phone number: _____

Email _____

Other family members to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City/St/Zip: _____

Phone number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Gray Cosmetic and Family Dentistry.

I hereby give you permission to release any and all of my dental records to Gray Cosmetic and Family Dentistry.

Patient Signature Date

Parent Signature Date

Mail to:
Gray Cosmetic and Family Dentistry
2701 W Cuthbert
Midland, Texas 79701