☐ Jason T. Culley, D.D.S.
1225 Dublin Road
Columbus, OH 43215
(614) 488-9050

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Powell, OH 43065
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DENTAL RECORDS RELEASE FORM

Patient Name: ____ Birthdate: ________________________

Other Family members to transfer: ____

Previous Dentist or Practice Name: ____

Address: ____

Phone: ____________________ Fax: ____________________ E-mail: _____________________________

Please forward the following information:

- ☐ Bitewings and/or Panorex
- ☐ PA's
- ☐ Periodontal charting
- ☐ Charting
- ☐ Photographs
- ☐ Other: ______________________________

I hereby give my permission to release any and all dental records to Watermark Dental. I also release the practice and staff of ____________________________________ from any laws related to disclosure of confidential or privileged information.

Patient Signature: ____

Please send completed forms to: infowatermarkdental@gmail.com