North Bethesda Dental Associates
Charles A. Doring, D.D.S., F.A.G.D.
Clementina Perez-West, D.D.S.
Robert B. Tilkin, D.D.S., M.S., F.A.G.D.

11400 Rockville Pike, Suite 509
Rockville, MD 20852
(301) 881-7646

Records Release Form

Patient Name to Transfer_____

Date of Birth_____

Other Family Members to Transfer_____

Previous Dentist/Practice Name_____

Address_____

Phone Number_____ Fax_____

Please forward a copy of the patient/s record (including hard and soft tissue charting and patient notes, last full series of radiographs, last bitewing radiographs, last panoramic radiograph and last set of photographs (if available) to:

North Bethesda Dental Associates
11400 Rockville Pike, Suite 509
Rockville, MD 20852
Fax: (301) 881-7688

For electronic records, please email to: Info@NBDA.Dentist

I hereby give you permission to release any and all of my dental records to:
North Bethesda Dental Associates

Patient/Guardian Signature_____Date_____

Patient/Guardian Signature_____Date_____