



ROCK ISLAND

ESTD DENTAL ASSOCIATES 2021

Records Release Request

Request Records From: _____

I hereby authorize the release of my dental records and request they be transferred to:

Rock Island Dental Associates
Dr. Ann McIntyre and Dr. Thais Meredith
2334 31st Avenue
Rock Island, IL 61201
Email: office@rockislanddental.com
Fax: 309-788-3405
Phone: 309-788-3398

Please include the most recent full mouth series, panoramic x-ray, and bitewing x-rays, regardless of the date they were taken. We appreciate your cooperation in the process.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____