Dental Care of Mclean
6711 Whittier Avenue, Suite 201
Mclean, VA 22101
(703)356-2020
DentalCare@McLeanDDS.com

Dental Care of Alexandria
1451 Belle Haven Road, Suite 430
Alexandria, VA 22307
(703)765-6400
DentalCareofAlexandria@gmail.com

Records Release to Patient/Doctor

I, _____authorize John A. Schehl D.D.S., P.C. to release dental records and x-rays for the following patient(s):

_____

I understand that **John A. Schehl, D.D.S., P.C.** will not be held responsible for original records after they have been copied, scanned, emailed, mailed, and removed from his office. I understand these records may be original and or copied records, which may remain in the office of **John A. Schehl, D.D.S., P.C.** for a minimum of 3 years.

I authorize **John A. Schehl, D.D.S., P.C.** to release the above patient records to:

Doctor/Practice/Patient: _____

Email Address: _____

Fax #: _____

Address: _____

I have read the above information and give my consent for the records to be released and or taken out of the possession of John A. Schehl, D.D.S., P.C..

Patient Signature: _____ **Date:**_____

Witness Signature: _____ **Date:**_____