Steven S. Lawson DDS INC
Creating Healthy Smiles

3579 Oro Dam Boulevard East, Suite C Oroville, CA 95966 (530) 534-8353 www.stevelawsondds.com

Records Release

Patient Name _____ Date of Birth_____

Other Family Members _____ Date of Birth_____

_____ Date of Birth_____

_____ Date of Birth_____

Previous Dentist _____

Address_____

City_____State_____

Phone #_____ Fax #_____

E-mail Address_____

Please forward any x-rays, probing depth charts and photos to Dr. Lawson.

I give you permission to release any and all of my dental records to Dr. Lawson.

Signature_____ Date_____

E-mail to: info@stevelawsondds.com