



MAGNOLIA FAMILY DENTAL
COMPREHENSIVE AND COSMETIC DENTISTRY

605 Olney-Sandy Spring Rd.
Sandy Spring, MD 20860
301-774-8555

Records Release

I hereby authorize the office of Reese Ruder, DDS & Sarika Tamaskar, DDS to furnish the requested information and radiographic (x-ray) records of dental treatment for:

Name of Patient

To the following individual, office, or assigned representative:

Name: _____

Address: _____

I understand that the office of Reese Ruder, DDS & Sarika Tamaskar, DDS will make every effort to facilitate this transfer of information and will retain the original records.

Signature of patient, parent or legal representative

Date

Print or type name