

St. Pete Smiles
Dewey L. Bracy, DMD
7755 38th Ave. N.
St. Petersburg, FL 33710
727-343-0824

The following individual has requested that his or her dental records be released and forwarded to our office.

Patient Name: _____
Birth date: _____ Social Security # _____

In order for us to fully evaluate this patient's dental needs and make informed decisions, the patient has approved our request for copies of all relevant dental records in your file. Please be sure to include x-ray films and reports.

Thank you for expediting this request. Please send these Records to our office address shown above.

I hereby authorize the release of all necessary dental records to Dewey L. Bracy, DMD.

I wish for them to be forwarded as soon as possible.

Patient's Signature: _____ Date: _____
(Parent if patient is minor)

Patient Address: _____

City: _____ State: _____ Zip code: _____

Signature of Witness: _____