**Untied Dental PLLC**
**310 E. Court St.**
**Ithaca, New York 14850**
**607-882-0352**
**ithacadentistry@gmail.com**

## Records Release Form

_____/_____
First and Last Name Signature

_____
Date of Birth

_____
Today's Date

# Please release my records to

_____
Dr. Office

_____
Email Address

_____
_____
Address of the office

_____
Phone number

**Choose one**

I will continue to be a patient at your office

or

I am transferring all my records to the Dentist above