

Factoria Family Dentistry
4100 Factoria Blvd SE, Suite D
Bellevue, WA, 98006
(425)747-8888 FAX (425)564-8562
E-mail: factoriafamilydentistry@comcast.net

To Whom It May Concern:

I, _____ request the office of:
(NAME)

to send necessary information concerning me or my family to my/our new dentists:

Factoria Family Dentistry
4100 Factoria Blvd SE, Suite D
Bellevue, WA 98006

(Necessary information includes radiographs, periodontal charting, chart notes and upon specific request, health history)

I also understand that I may rescind this authorization at any time and that this authorization will expire 90 days from the date signed.

Signed:

(Name of patient/guardian)

(DATE)

Names of family members/wards: _____
