

Bearden Family Dentistry
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BEARDEN FAMILY DENTISTRY

Dental Records Release Form

I, _____, am requesting copies of all my dental records.

The duplicate records may be:

- 1.) Given to me directly
- 2.) Given to a representative in a seal protected envelope, or
- 3.) Sent directly to a dental office.

If a dental office calls for my records, I grant permission to email/fax the records directly to them.

Patient Signature

Date