

Christy Kim DDS
2310 130th AVE NE, Suite # B-102,
Bellevue, WA 98005
P 425-883-3800 F 425-869-6909
www.yourbellevuedentist.com
info@yourbellevuedentist.com

Authorization for Release of Dental Records

I, (print patient/guardian name), _____, hereby authorize
release of my records to/from Christy Kim DDS.

(Enter the information of your previous or new dentist)

Dr: _____

Clinic: _____

Address: _____

Phone: _____

FAX: _____

Email: _____

Reason for leaving practice: _____

Sign Name _____

Date _____

Print Name _____