



307-M Maple Ave W  
Vienna, VA 22180  
(703) 281-1090

## RECORDS RELEASE REQUEST

I, \_\_\_\_\_, request release of my dental records from the office of Pham, Biga & Maloney, PLLC DBA Vienna Dental Group, 307-M Maple Ave W, Vienna, VA 22180. I understand that there may be a duplication charge for this service and I agree to pay such fees. The duplication charges are no to exceed \$20 for labor, \$0.50 per page, and actual postage and shipping charges.

For this authorization, I request the following:

- Clinical Notes
- X-rays
- Patient Registration & Medical Health History Questionnaire
- Financial Ledger
- Treatment Plan
- Insurance Explanation of Benefits

For dates of service From: \_\_\_\_\_

To: \_\_\_\_\_

I authorize the following person(s) and/or organization(s) to receive my dental records:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

This authorization expires on this date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_