



Atkins, Maestrello, Miller and Associates Pediatric Dentistry
2560 Gaskins Road 804-741-2226 (Office)
Richmond, VA 23238 804-741-6751 (Fax)

Record Release Request

Patient Name: _____

DOB: _____

Patient Address: _____

I am requesting that all dental records/x-rays from the office of Atkins,
Maestrello, Miller & Associates Pediatric Dentistry be released to:

Doctor: _____

Address: _____

Fax: _____

E-mail: _____

Thank you,

Parent/Guardian: _____ Date: _____

Relationship to Patient: _____