

SEQUIM FAMILY DENTISTRY



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Sequim, WA 98382
360-681-8884

Patient Name: _____

Date of Birth: _____

Previous Dental Office: _____ Phone # _____

I authorize the release of the following information to be sent to Sequim Family Dentistry:

- X-rays
- Progress notes
- Periodontal chart
- Other _____

Please send records to sequimfamilydentistry@yahoo.com OR 360-681-7617

Patient signature: _____ Date: _____