

SEQUIM FAMILY DENTISTRY
PATIENT RELEASE OF PROTECTED HEALTH INFORMATION



Dr. Nathan Gelder, D.M.D.
321 N Sequim Ave/P.O. Box 3430
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 _____

Patient signature: _____ Date: _____

TO BE COMPLETED BY PREVIOUS OFFICE:

Please send records to smile@sequimfamilydentistry.com OR fax to 360-681-7617 and provide information below.

Date of last Exam: _____

Last FMX taken _____

Last BWX taken: _____

Last cleaning date: _____ adpro/PM/SRP (circle one)