dentalcenter
of northwest ohio

Release of Dental Records

Administrative Offices
2138 Madison Avenue
Toledo, Ohio 43604

Uptown Smiles
2138 Madison Avenue
Toledo, Ohio 43604

Tooth Towne
2130 Madison Avenue
Toledo, Ohio 43604

West Unity Smiles
105 N Main St #9453
West Unity, Ohio 43570

Findlay Smiles
1800 N. Blanchard Street,
Suite 122
Findlay, Ohio 45840

Van Wert Smiles
140 Fox Road, Suite 207
Van Wert, Ohio 45891

Liberty Smiles
119 East Street
Liberty Center, Ohio 43532

www.dentalcenternwo.org

I, (Requesting Patient or Authorized Representative)_____

hereby authorize the Dental Center of Northwest Ohio to release my/my child's

(Patient First and Last Name)_____

Who was seen as a patient at (choose all clinic locations that apply):

- ☐ Toledo Uptown Smiles/Toothtown
- ☐ Findlay Smiles
- ☐ Van Wert Smiles
- ☐ Liberty Center Smiles
- ☐ West Unity Dental

And whose date of birth is: _____

Dental records including: (Choose one)

- ☐ Most recent X-rays
- ☐ Most recent X-rays and chart notes
- ☐ X-rays and chart notes since _____ date.
- ☐ X-rays and chart notes for the past 12-months

to (Dental Practice, Individual, School or Other Health Organization)_____

_____

To the attention of: (Name of Individual to receive information) _____

By: (Choose one)

- ☐ Fax to the following fax number: _____
- ☐ Encrypted Email to the following email: _____
- ☐ US Mail to the following address: _____

_____

Please provide a phone number for follow up with the intended recipient if necessary:

_____

Authorized Signature: _____

Printed Name: _____

Relationship to Patient above: _____

Contact phone number: _____

Request Date: _____

Fax completed form to 567.202.1221 or email to dentalcenterrecords@gmail.com

(Please allow up to 10 business days for processing. Release is good for 90 days, and only applicable for the patient identified above and for release to the recipient identified above. Multiple forms must be used for multiple patients.)