

RECORD RELEASE REQUEST

I, request the release of all medical and/or dental records be transferred via e-mail to

E-mail: info@crobsbysmiles.com

If unable to e-mail records please send to:

Dr. Richard Crosby, DDS
3111 Denali Suite 202
Anchorage, Alaska 99503

Please call our office if you have any questions at:

Phone: 907-277-1098

Fax: 907-277-1090

Name of office :

Name of Patient:

Date of Birth:

Signature of Patient:

Date:

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RICHARD CROSBY, DDS