

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 prior office: _____

Name of Patient: _____ Date of Birth: _____

Signature of Patient: _____ Date: _____

EXPERIENCE TO ENHANCE YOUR SMILE,
and Your Life

RICHARD CROSBY, DDS