

Barry Dental Center

12911 120th Ave NE #E-10

Kirkland, WA 98034

Phone: 425-821-9833

Fax: 425-821-9443

Email: reception@barrydentistry.com

Date: _____

Previous Doctor name and Email:

Please release my dental records and send them to the office of Barry Dental Center to the address listed above or email to reception@barrydentistry.com.

Patient Name: _____

Address: _____

Phone: _____

Date of birth: _____

Other family members for which transfer is requested:

Signature _____ **Date:** _____