



JAMES A. OSHETSKI, DDS

IMPLANT AND RESTORATIVE DENTISTRY

## Records Release Form

To Whom It May Concern,

I, \_\_\_\_\_, request and authorize  
Patient's Name Patient's DOB

\_\_\_\_\_  
Name of Previous Practice or Dentist Location Phone Number

to release my Dental records to:

James A. Oshetski, D.D.S.  
14 Maine St. Box 25  
Brunswick, ME 04011  
[info@droshetski.com](mailto:info@droshetski.com)

Please forward entire clinical record including chart notes, periodontal charting and all radiographs.

### Dates of Most Recent:

CMX \_\_\_\_\_ PAN/CBCT \_\_\_\_\_ Recall Status \_\_\_\_\_  
Exam \_\_\_\_\_ BW \_\_\_\_\_ Perio Charting \_\_\_\_\_

\_\_\_\_\_  
Patient or Guardian Name (Please Print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date