



Jeremy J. Zobel, D.D.S.
General & Cosmetic Dentistry

2333 N.Triphammer Rd. Suite 303
Ithaca, NY 14850
(607) 257-0078
info@zobeldentistry.com

AUTHORIZATION FOR RELEASE OF RECORDS

The undersigned and listed patient(s), hereby requests and transfer of his/her dental records and most recent x-rays.

Patient Name: _____
DOB: _____
Address: _____
Additional Family Members: _____

Patient Signature Date

Guardian (if applicable) Date

____ Please forward the records to
Jeremy Zobel- info@zobeldentistry.com or 2333 N. Triphammer Rd Suite 303
Ithaca, NY 14850

____ I will retain records personally

____ Other