

J. Bruce Johnson, D.D.S.
3909 Ocean View Blvd. - Montrose, CA 91020
PH: (818) 248-7976 Fax: (818) 248-9662

Request for Records

Today's Date: _____

TO: _____
(Name / Title of provider(s) records are being requested from)

(Address, Phone, Fax)

RE: Patient Name: _____ D.O.B.: _____
(Please Print Clearly)

Legal Guardian (if patient is minor): _____
(Please Print Clearly)

"I authorize the release of information to Dr. J. Bruce Johnson from any past or current health care provider. I request you release all dental / medical records pertaining to the above named patient to his office."

Signature of Patient (Guardian if Patient is minor)

Date

Patient Contact Information:

Contact Name: _____ Contact Phone: _____

Contact Address: _____