

**On-Site Oral Health Care, LLC**  
**Troutdale, Oregon**  
**www.onsiteoralhealth.com**  
**Phone 503-902-5333**  
**info@onsiteoralhealth.com**

Date \_\_\_\_\_

I, \_\_\_\_\_, DOB: \_\_\_\_\_,

am requesting the release of my dental records/x-rays.

Please forward these items to the following address:

**On-Site Oral Health Care, LLC**  
**Email: info@onsiteoralhealth.com**

Thank you,

Patient Signature: \_\_\_\_\_