



Tamara K. Abbett, D.D.S.

940 Ellendale Drive
Medford, OR 97504
(541) 779-9059
medford.dentist

Records Release Request

DATE _____

To _____
Dental Provider's Name

Address _____

City _____ State _____ Zip _____

I authorize the release of dental records and medical records relevant to dental treatment, or copies of such, and request that they are transferred to:

Tamara K. Abbett, D.D.S.

940 Ellendale Drive

Medford, OR 97504

Office: 541-779-9059

Fax: 541-779-0226

Please email records to: hygiene@abbettds.com

Print Name of Patient

Signature (patient, parent or guardian)