



Pine Ridge Dental, P.C.

5140 South 56th Street
8545 Executive Woods Drive
(402) 423-1100

Pine Ridge Dental Fax (402) 423-1368

Email: ew@pineridgedental.com

Request for Dental Records

Patient's Name: _____

Date of Birth: _____

Dependents you're requesting records for:

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

Name : _____

Date of Birth: _____

Name of Previous Office: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Email: _____

I authorize you to release copies of my dental records and medical records relevant to dental treatment to Pine Ridge Dental.

Please send records via email to ew@pineridgedental.com

Signature/Parent/Guardian

Date