



Dr. Shannon Sawyer
Dr. Summer Sawyer
7802 Timberlake Rd
Lynchburg, VA 24502
434-239-6948

Dental Records Release Form

Patients name(s) and Date of Birth _____

Please release dental records for the patient(s) listed above to the following Dental or Medical Office. **Please include the office or doctor's name and their address.**

I hereby give Children's Dental Health of Lynchburg permission to release all dental records including x-rays and charts to the dental or medical provider listed above.

Patient or Legal Guardians Signature: _____

Date: _____

