

Release of Dental Records

I, _____, do hereby request the release of my dental records (i.e. x-rays and chart complete with clinical notes) to Damita Edwards, D.D.S. on this day, _____. Please mail to the following address:

Damita Edwards, D.D.S.
6211 Centreville Road
Suite 600
Centreville, VA 20121
(703) 961-8808

Thank You.
