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Records Release Request

I, _____, wish to have my dental records sent to Fells Point Dental.

My date of birth is _____. My phone number is _____.

Please forward all radiographs electronically to info@fellspointdental.com.

If x-rays are not digital or you are unable to email x-rays, please mail diagnostic quality images to :

Fells Point Dental
1820 Lancaster St.
Suite 100
Baltimore, MD 21231

Signed: _____ Date _____