

Dr. Paul R. Stanovick  
4005 Fox Hunter Lane  
Mechanicsville VA 23111  
Phone 804-781-1919 Fax 804-781-1949

**Records Release Request**

Date: \_\_\_\_\_

I authorize the release of dental records, X-rays & medical records relevant to dental treatment, or copies of such, and request that they be transferred to:

Paul R. Stanovick, D.D.S.

Please email to:

leeann.drstanovick@gmail.com

Transfer From:

Name: \_\_\_\_\_  
(Doctor)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

On the following family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print name or patient

\_\_\_\_\_  
Signature