



**RUSSO**

**FAMILY DENTAL**

321 Washington Street  
Gloucester, Massachusetts 01930  
Phone: 978-281-1337  
Fax: 978-281-7573  
info@russodmd.com

## Record Request Form

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

From Provider/ Dentist :

\_\_\_\_\_

I would like to access and obtain my records as marked below:

\_\_\_\_\_ I would like to review my records

\_\_\_\_\_ I would like a copy of my records emailed to: info@russodmd.com

\_\_\_\_\_ I would like a copy of my records mailed to: Russo Family Dental

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