Schantz & Moranda
Orthodontic Care
A Dental Corporation

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MEMBERS
AMERICAN ASSOCIATION OF ORTHODONTISTS

REQUEST FOR RELEASE OF RECORDS

I, ____________________________, hereby request and give my permission
(Parent/Guardian Name)
to Drs. Schantz and Moranda to provide ______________________________
(New Orthodontist Name)
copies of all orthodontic records with respect to the orthodontic care of

_________________________. Such records may include, but not limited to,
(Patient Name)
medical care and treatment, illness or injury, dental and orthodontic

history, medical history, financial history, consultation, prescriptions,

x-rays and models.

Signed: ______________________________

Print Name: ______________________________

Address: ______________________________
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Date Signed: ____________________

Witness: ______________________

Date: _________________________