

**The Smile Zone**

576 Sand Creek Road, Albany, NY 12205  
phone 518.869.5348 • fax 518.869.0417  
www.smilezonealbany.com

# The Smile<sup>®</sup> Zone

Request for Dental Records and X-Rays

Please complete form and send to your previous dental office

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

**\*Previous Dentist Information\***

Office Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and request that you forward my dental records  
(Patient Name) and X-Rays to:

*The Smile Zone*  
576 Sand Creek Road  
Albany, NY 12205  
Office Email: [staff@smilezonealbany.com](mailto:staff@smilezonealbany.com)

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

Patient Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

CLASSIC CREST