



## LEGACY DENTAL<sup>OF PA</sup>

**Danville Location:**

20 Wesner Lane  
Danville, PA 17821  
P: 570-275-2684  
F: 570-275-6617

E: danville@legacydentalofpa.com

**Kulpmont Location:**

2 Utah Drive  
Kulpmont, PA 17834  
P: 570-373-5563  
F: 570-373-5562

E: kulpmont@legacydentalofpa.com

**Northumberland Location:**

112 Ironstone Drive, Suite B  
Northumberland, PA 17857  
P: 570-235-2468  
F: 570-509-3660

E: northumberland@legacydentalofpa.com

### Release of Records

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

---

Dear Legacy Dental of PA,

I hereby authorize you to release any information or records regarding my dental treatment to:

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

Dental Office Address: \_\_\_\_\_

Dental Office Phone Number: \_\_\_\_\_

Dental Office Email Address: \_\_\_\_\_

Please send any current x-rays or any information that would be helpful in my dental treatment.

Thank you for your cooperation.

---

Patient, Parent or Guardian Signature

---

Date