



960 Westlake Blvd. Suite 201
Westlake Village, CA 91361
Tel 805-495-0187 * fax 805-495-0365
info@philipshindlerdds.com

Please release records for _____ including
x-rays. Dr. Shindler has my authorization to release such
records to me or to who I assign to pick them up.

Name of patient: _____

Date of Birth: _____

Person/Address receiving records/x-rays: _____

Patients signature: _____

Date: _____