Enhanced Dental Care

Jeffrey M. Cooper, D.M.D.
Paul M. Leatham, D.M.D.
Mark C. Schmidt, D.D.S.
18947 John J. Williams Highway, Suite 301
Rehoboth Beach, DE 19971
Phone: 302-645-7200
Fax: 302-295-0003
www.enhanceddentalcare.com

Please complete and send to your previous Dental Provider.

To: ____

(Previous Dental Provider Name)

I authorize the release of all the referenced original dental records for:

Print Patient(s) Name and Date of Birth:

____
____
____
____

Please forward records via fax or email:

Fax: 302-295-0003
Email: info@enhanceddentalcare.com

My initial appointment at Enhanced Dental Care is scheduled for: ________

Thank you for forwarding my records in a timely manner.

Authorized Signature: ___________________________ Date: _________