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Charles & Linda Steel, DDS, PA

General, Cosmetic and Restorative
Dentistry

Email: Smileking@verizon.net

Records Request

I hereby authorize the office of Charles & Linda Steel, DDS, PA. to receive requested information and radiographic (x-ray) records of dental treatment for:

Name of Patient

Please forward the following information and records: _____

From the following office:

Name: _____

Address : _____

Signature of patient, parent, guardian or legal representative

Date

Print or Type Name

American
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Dentistry 
Accredited Cosmetic Dentists