



824 W. Lamar Alexander Pkwy. • Maryville, TN 37801
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Patient Records Request

Please release copies of the following patient's/patients' records and recent radiographs per the patient's request.

Digital Radiographs Email: info@BlueRidgeDentistryOnline.com

Physical copies Mailing Address: 824 W. Lamar Alexander Pkwy. • Maryville, TN 37801

Patient's Name _____ Date of Birth _____

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Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Authorized Signature

Date of Request

Printed Name

Previous Dentist Information

Dentist/Practice Name: _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Request Processed by: _____

Front Desk Team Member