



kneeland dental care

Request for Release of Records

Dentist: Please transfer the dental records and current x-rays for the following patient(s) to:
Kneeland Dental Care, LLC.

We request that records be sent prior to the upcoming appointment date listed below:

Patient Name(s): _____

Date of Birth: _____

Date of upcoming appointment: _____

Electronic records are preferred and can be sent via email to:

dmd@kneelanddentalcare.com

Printed records may be sent to:

Kneeland Dental Care
1628 Alameda Blvd. NW
Albuquerque, NM 87114

Signature of Patient or Legal Guardian

Print Name of Above Person

Street Address

City

State

Zip

Date

Phone: 505-200-9399 / 505-554-1304 Fax: 505-539-5102 Email: dmd@kneelanddentalcare.com