



**CALAPOOIA
Family Dental**

Brian R Summers, DMD, PhD

Please release my dental records to:

Calapooia Family Dental
Brian R. Summers, DMD, PhD
1070 24th Ave. S.W.
Albany, OR 97321

Please provide the most recent records of the following: (if applicable)

- Full mouth series radiographs / Pano: Date last taken _____
- Bitewing radiographs: Date last taken _____
- Periapical radiographs of significance: Date last taken _____ Tooth # _____
- Periodontal probe charting: Date last charted _____
- Date of last cleaning _____ type _____ Frequency _____
- Any other information significant to my dental treatment

My appointment with Dr. Summers is scheduled: _____

Printed Name

Date of Birth

Signature

Date