

Mercy West Dental Clinic
1601 NW 114th Street #351
Clive, Iowa 50325
(515) 221-0381

Release of Patient Records

Full Name _____

Address _____

Date of birth _____

Spouse's full name _____

Spouse's date of birth _____

Children 17 and under _____

Transfer to _____

I hereby request a copy of these records to be transferred to the address above.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____