



CALVERT DENTISTRY

EXPERIENCE • EFFICIENCY • EXCELLENCE

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I _____ hereby request my records and or records
of my minor child.

Name of minor child _____

Sent From: (Name, address, area code and phone number of dentist/person sending records)

To: (Name, address, area code and phone number of dentist/person to receive records)

I understand there may be an administrative fee applied for photo-copying pages and/or
duplicating x-rays.

The fee of \$ _____ was discussed with me and I agree to pay the fee upon record request.

Patient's Name Printed / Date

Patient's Signature (Parent if minor)