Release and/or Transfer Records to Gen Ohkawa, DDS

Hudson Valley Dentistry
Gen Ohkawa, DDS
33 Route 32A
Saugerties, NY 12477
Tel (518) 678-3111

To Dr. _____:

Address _____

Tel: _____ Fax: _____

Email: _____

I authorize the **release of all dental and/or medical records** relevant to dental treatment, or copies of such for the below patient(s), and request that they are **transferred to**:

Hudson Valley Dentistry
Gen Ohkawa, DDS
33 Route 32A
Saugerties, NY 12477
Tel (518) 678-3111
Fax (518) 678-1137
Email: hudsonvalleydentistry@gmail.com

Patient Name(s) _____

_____

_____

_____ _____

Signature of patient, parent, or guardian Date

_____

Name of signee