



Port Warwick DENTAL ARTS

COMPREHENSIVE DENTISTRY FOR TOTAL WELLNESS, FUNCTION AND BEAUTY

Lisa Marie Samaha, DDS, FAGD
(757) 223-9270 [WWW.PWDENTALARTS.COM](http://www.PWDENTALARTS.COM)

Date _____

I, _____, am requesting the release of my dental records/x-rays.

Doctor Name: _____

Phone Number: _____

Please forward these items to the following address:

Port Warwick Dental Arts

251 Nat Turner Blvd.

Newport News, VA 23604

Admin@PWDentalArts.com

Patient Signature: _____

Parent Signature: _____

(If Patient is a Minor)

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