

FROM THE OFFICE OF
SHANNON F. HARRINGER, DDS

RECORDS RELEASE/REQUEST

Patient's Name: _____

Please forward my current dental records to:

Shannon F. Harringer, DDS
1941 Huntington Dr. Suite B
South Pasadena, CA 91030

I authorize the release of my current dental records and x-rays or copies of such, and request that they be forwarded to Dr. Shannon Harringer at the above address.

If records are digital, please email to SFHDDSINC@GMAIL.COM

Thank you!

Patient's Signature: _____ Date: _____