



kenner dental group  
COSMETIC AND RESTORATIVE DENTISTRY

1800 SW 152nd Street, Ste 201, Burien, WA 98166 | (206) 248-1339 | www.kennerdentalgroup.com

PATIENT RECORDS REQUEST FORM  
FAX (206)-246-2711  
Email info@kennerdentalgroup.com

Name of patient whose record is requested \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Please provide a copy of the record as indicated below:

The full health record maintained by this provider/ practice

The health record of the following time frame \_\_\_\_\_

A specific section of the health record as described below: \_\_\_\_\_

\_\_\_\_\_

A summary of the information requested above is adequate to fulfill this request.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Personal Representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_