



**Ghina Morad, DMD**  
Beautiful Faces, Radiant Smiles

### Request for Release of Records

To:

Name:

Address:

Email:

Phone:

For Patient(s):

I am authorizing the release of the dental records (includes X-rays, diagnostic reports and correspondence related to my care) for the patient(s) listed above to be shared or sent to:

Ghina Morad, DMD  
2920 Broadway  
Redwood City, CA 94062  
Ph: (650)592-6396  
Email: info@doctormorad.com

Firstname:

Lastname:

DOB:

Signature

Today's Date: