

AMY R. WALKER DDS
724 E. MAIN
ANTHONY, KS 67003



WWW.WALKERDENTALKS.COM
INFO@WALKERDENTALKS.COM
PH | 620.842.5936 FX | 620.842.3432

Dental Records Release Form

Patient Name to transfer: _____

Date of Birth: _____ Phone number: _____

Other family members to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City/St/Zip : _____

Phone number: _____ Fax: _____

Please forward any of the following information that you have:

x-rays, probing depth chart, charting, and Photographs to Walker Family Dental, PA

I hereby give you permission to release any and all of my dental records to Dr. Walker.

Patient/Guardian Signature _____ Date: _____

Email to: info@walkerdentalks.com

Mail to: Walker Family Dental, PA, 724 E Main St, Anthony, KS 67003

Fax to: **620.842.3432**

A decorative graphic at the bottom of the page consists of a thick orange line that curves and loops, set against a grey background.