

ANETT JOHN DDS, LLC

Cosmetic and Family Dentistry of Chevy Chase

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REQUEST OF RELEASE OF HEALTH INFORMATION

Patient's Name

Hereby grants permission to:

Print Name of Doctor

Doctor' Address:

Doctor's Email: _____

To release information related to my Dental/Health history, status, treatment and copies of my Dental/Health records, X-Rays and any test results to:

Dr. Anett John, DDS, LLC
5530 Wisconsin Avenue, Suite 1240
Chevy Chase, MD 20815
301-652-3317
drajohndds@gmail.com

Patient Signature (If a minor, a parent or guardian must sign) Date _____