Pham,
Biga &
Maloney, PLLC
307-M Maple Ave W
Vienna, VA 22180
(703) 281-1090

RECORDS RELEASE REQUEST

I, _____, request release of my dental records from the office of Pham, Biga & Maloney, PLLC, 307-M Maple Ave W, Vienna, VA 22180. I understand that there may be a duplication charge for this service and I agree to pay such fees. The duplication charges are not to exceed $10 for labor, $0.50 per page, and actual postage and shipping charges.

For this authorization, I request the following:

- □ Clinical Notes
- □ X-rays
- □ Patient Registration & Medical Health History Questionnaire
- □ Financial Ledger
- □ Treatment Plan
- □ Insurance Explanation of Benefits

For dates of service From: _____

To:_____

I authorize the following person(s) and/or organization(s) to receive my dental records:

Name: _____

Address: _____

_____

This authorization expires on this date: _____

Name: _____

Address: _____

_____

_____ _____

Signature Date