



Date: _____

Patient Name: _____

DOB: _____ Phone: _____

I _____ authorize & request the release of the most current :
BW, PANO AND/OR FMX and Perio Charting to: Dr. Colin L. Smith, DMD, FAGD or requesting
office.

Patient/ Guardian Signature: _____

Please forward to:

Colin L. Smith, DMD, FAGD
Lake Oswego Smiles
16699 Boones Ferry Road, Suite 200
Lake Oswego, OR 97035
Email: Office@OswegoSmiles.com
Phone 503-635-3653
