Records and X-rays Release

I am requesting my records be released for the fa	mily members l	isted helow
Reason for request:	•	
Please release records for:		
Name:		DOB
Please release my records to:		
Dr. Kelly Wettstein, DDS		
Address: 21321 E. Ocotillo Rd #130		
City: Queen Creek	State: AZ	Zip: 85142
Phone #: 480-882-2300	E-mail: offi	ce@AffinityDentalAZ.com
Fax #: 480-882-3888		
Patient/Guardian signature:		
Date:		
Witness:		