

STACY R. KANDA, D.D.S.
2335 S.W. 320th St., Suite 1
Federal Way, WA 98023
(253) 661-2222

DENTAL RECORD REQUEST

Patient Name _____ Birth date: _____

Address: _____

Phone Number: _____

I give permission to release my dental records to the office of Stacy R. Kanda, D.D.S.

Signature _____ Date _____

Fax Number (253) 661-1544