



## Scott Taylor DDS

685 Main St. Ste C; Morro Bay, CA 93442 • (805)772.8143 • [www.puresimpledental.com](http://www.puresimpledental.com)

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# Dental Records Release Form

Patient Name to transfer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Previous Dentist or Practice Name: \_\_\_\_\_

Please forward any of the following information that you have: x-rays, and photographs to Dr. Taylor

I hereby give you permission to release any and all of my dental records to Scott Taylor D.D.S.

\_\_\_\_\_  
Patient Signature (parent if a minor) Date

If records are digital, please email to:

[morrobaydentist@gmail.com](mailto:morrobaydentist@gmail.com)