

**S. WARD ECCLES**  
**=====D.D.S.=====**  
I N C O R P O R A T E D

**Release of Records**

**Patient's Name:**

**DOB:**

Please allow this to serve as an official request to release my records to Dr. S. Ward Eccles of Livermore, CA.

Previous Office Name:

Office Number:

Please send the following information as it pertains to the patient.

- All radiographs taken within the last 5 years (pls send as jpg or dexis format)
- Intraoral and extraoral images
- Periodontal charting
- History of treatment (ledger, clinical notes, consent forms)
- Other (e.g. models, CBCT and radiology report)

❖ Please send to:

Dr. S. Ward Eccles

87 Fenton Street, Suite 201, Livermore, CA

(925)447-6428 main/text ♦ (925)447-6478 fax ♦ [info@weccles.com](mailto:info@weccles.com)

**Signed:**

**(Patient)**

**Signed:**

**Custodian of the Patient if patient is a minor)**

**(Parent, Legal Guardian, or**

**Date:**

"If this form been signed with an electronic signature the parties hereto consent and agree to the use of such electronic signature to obtain medical/dental records."