



**BOWLING & DUNN
FAMILY DENTISTRY**

1412 Blizzard Drive Parkersburg, WV 26101

304.424.6100 or 877.279.6100

Fax: 304.424.5333

To: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of my dental xrays and records be transferred to Bowling & Dunn Family Dentistry at the address shown above or be e-mailed to info@bowlingdunnfamilydentistry.com.

Patient's Name: _____

Patient's DOB: _____

Authorized Signature: _____

Email: info@bowlingdunnfamilydentistry.com
Visit us at: www.bowlingdunnfamilydentistry.com