



Zachary J. Cargill, DMD  
4869 Hannegan Road  
Bellingham, WA 98226  
T: 360.734.2429  
F: 360.734-2436  
www.creeksidewa.com

**Records Release Request**

Date: \_\_\_\_\_

I, \_\_\_\_\_, wish to have my dental records sent to Creekside Dental  
Care from \_\_\_\_\_.

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please forward all radiographs electronically to **reception@creeksidewa.com**

If x-rays are not digital or you are unable to email x-rays, please mail diagnostic quality images to:

Creekside Dental Care  
4869 Hannegan Road  
Bellingham, WA 98226

Signed: \_\_\_\_\_  
(patient)

Signed: \_\_\_\_\_  
(Parent, legal guardian, or POA of patient, if patient is unable to sign for themselves)

