

***Karla Z. Román, D.M.D.***

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2773 Harris Street, Suite B  
Eureka, CA 95503

Periodontics and Implant Dentistry  
Ph: (707) 444-0488 Fax: (707) 444-3632

**Records Release Form**

Date \_\_\_\_\_

To dental office of \_\_\_\_\_

I would like all my dental records including current x rays copied and sent to the office of:

Dr. Karla Z. Román  
2773 Harris Street, Suite B  
Eureka, CA 95503

Print Patient Name \_\_\_\_\_

Signature \_\_\_\_\_