

# Eric M. Loper, D.D.S.

## RECORDS RELEASE FORM

*Please complete this form and mail or fax it to your previous dentist prior to your appointment.*

I am authorizing that my/our records as indicated below, be released to the following address:

Eric M. Loper, D.D.S.  
3613 N.W. 56<sup>th</sup> St., Suite 135  
Oklahoma City, Ok 73112

Please forward the most current FMX, PANO, and BWX, regardless of the date of service it was done.

IF ABLE: Please send x-rays via email to [contactus@drericloper.com](mailto:contactus@drericloper.com)

Thank you.

Please Print Patient Name(s) and Date(s) of Birth:

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**Date**

Name of your previous dentist: \_\_\_\_\_

Telephone number of your previous dentist: \_\_\_\_\_

Address of your previous dentist: \_\_\_\_\_

**Eric Loper, D.D.S.**

**3613 N.W. 56<sup>th</sup> Street • Suite 135 • Oklahoma City, Ok 73112 • (405) 947-0564 • Fax (405) 947-0655**

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