Altoona Pediatric Dental

Jenifer Wolfe, DDS

Record Release Request

Please e-mail my child's records and radiographs to:
office@altoonapediatricdental.com OR mail to:

Altoona Pediatric Dental
125 24th Street SE
Altoona, IA 50009
PH: 515-967-9790 FAX: 515-967-1425

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Name of Previous Dentist: _____

Signature of Parent / Legal Guardian: _____

Radiograph History / Date

- ☐ Bitewings _____
- ☐ Panoramic _____
- ☐ Full Mouth _____
- ☐ Periapical _____

Professional Care / Date

- ☐ Prophylaxis _____
- ☐ Fluoride _____
- ☐ Sealants _____
- ☐ Restorations _____

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