

**MOUNTAIN VIEW DENTAL CARE
DR. CODY WINTERHOLLER, DDS**

PATIENT RECORDS REQUEST FORM

DR. CODY WINTERHOLLER, DDS.
2807 S. Stone Suite #201
Spokane, WA 99223
(509) 838-6261
Fax (509) 838-4482

Name of Patient Whose Record is Requested _____

Date of Birth _____ Phone # _____

Address _____ City/State/Zip _____

Please provide a copy of the record as indicated below:

Signature of Patient _____

Signature of Authorized Personal Representative _____

Relationship of Patient _____

Date _____