

# Bellevue Dental

## *On the Avenue*

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***Dr. Kevin S. Wall***

340 Fairfield Avenue  
Bellevue, KY 41073  
Phone: (859)291-7621  
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### Records Release Form for Requested Documents and Xrays

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

I am requesting that my records be sent from:

Dental Practice of: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

You may mail them to us at the above address, or email to

[kevinwalldmd@yahoo.com](mailto:kevinwalldmd@yahoo.com)

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Thank You***