

# **CE Family Dental**

2001 Hospital Drive  
Sedro Woolley WA 98284

Phone: 360-856-6358

Fax: 360-856-6648

Email: [swoffice@cefamilydental.com](mailto:swoffice@cefamilydental.com)

I \_\_\_\_\_, request the release of my x-rays,  
chart notes and perio chart to

JON ENGELBY DMD  
OLIVIA COLLIER DMD

We prefer you email records to [swoffice@cefamilydental.com](mailto:swoffice@cefamilydental.com) or mail records if not digital.

Thank you,

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Print Name

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Signature

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Date