

Bay Creek Dental Care  
Glenn G. Lew, D.M.D.  
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650-369-0366  
650-369-0377 Fax  
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I hereby authorize my dental records and x-rays to be released from the care of Dr. Glenn G. Lew. Please forward them to my new dental provider at the following address:

New Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Patient(s) Name: \_\_\_\_\_

Patient/Guardian's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

