

## RELEASE OF DENTAL RECORDS

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I, \_\_\_\_\_, am requesting a copy of my current dental records/x-rays to be released to the following dental office.

Release To:/From:

Additional family members to be included:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_