



PEDIATRIC
Dental Specialists

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Records Release Authorization

I respectfully request that you release the complete dental history records that you have on file concerning the treatment of the patient listed below. Please forward any digital images in jpeg format to:

Dentist _____

Dentist Telephone #: _____

Dentist Email: _____

Patient Name: _____

Address: _____

Signature of Parent / Guardian

Date

Sincerely,
Dr. David H. Brantley
Dr. John W. Spratling
Dr. Will Brantley