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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: info@pdssmiles.com

Patient Name: _____

Date of Birth: _____

Address: _____

Records Released from Doctor: _____

Telephone#: _____

Signature of Parent / Legal Guardian

Date

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