



## **RELEASE OF RECORDS AUTHORIZATION**

I request the release of dental records from Dugger Dentistry for patient(s):

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Please send or email dental records to:

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
*Patient's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name Printed*

\_\_\_\_\_  
*Parent/Guardian's Signature* \_\_\_\_\_  
*Date*