# Record Release Form

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(Forme	er Dentist's Name )	
to provide	le	
with copic received.		pect to any dental care and treatment that I have
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		s I can cancel this consent. I understand that the onsent may be used after the cancellation date.
Signed:		
_	(Patient)	
Signed:		
Digratu.	(Parent, legal guardian, or for themselves)	POA of the patient, if patient is unable to sign
Address to	to where records should be sent:	
Date:		

# **Generic Dental Records Release Form**

Kenneth A. Eaton, Philip Ower

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