The Village Dentist

DENTAL RELEASE

Please provide me with copies of my dental records. I understand that my actual dental records, by law belong to my dentist. I understand that the information contained in the record belong to me.

Please forward my x-rays to Dr. Carter Lee

PATIENT SIGNATURE_____ DATE _____

DATE OF BIRTH _____

frontdesk@yourvillagedentist.com

The Village Dentist
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