HODGE FAMILY DENTISTRY
Brandi Hodge, DDS
2112 West Main
Russellville, AR 72801
(479) 968-7314

REQUEST FOR RELEASE OF DENTAL RECORDS

PATIENT NAME_____ DATE OF BIRTH _____

I hereby request my dental records to be released from:

Doctor's name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Send Records to:

Doctor's name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Please list additional family members requesting release of their records also:

Name(s) & Birthdate(s)_____

_____

Authorized Signature_____Date_____