Thomas Danford, DDS Matthew Hiener, DDS Blake Johnson, DDS

124 Third Street
Marietta, OH 45750
Phone: 740-373-1826 Fax: 740-373-1825
rivercitydental@sbcglobal.net

Date:________________________

I authorize release of dental records relevant to dental treatment, or copies of such for patient,

____.

Records to be transferred to or from:

Name:____

Address: ____

City:_____________________ State:_________ Zip:______________

____

Signature of Patient or Guardian