RELEASE OF RECORDS AUTHORIZATION | DOB:

RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to pinckneydentistry@gmail.com.

Practice Name: Pinckney Family Dentistry

Practice Address: 1245 E M36, Pinckney, MI 48169

Practice Phone number: (734) 878 3145

Patient's signature: Date:



Pinckney Family Dentistry 1245 E M36, Pinckney, MI 48169 (734) 878 3145 www.pinckneydentistry.com/

RELEASE OF RECORDS AUTHORIZATION

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email.	
Patient's signature:	Date: