



Jackson & Joyce Family Dentistry

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RELEASE FORM FOR RECORDS AND XRAYS

To Dental Office:

The patient listed below has given above office authorization to release dental records and xrays. Please mail copies of the most recent FMX, BW's, or Panorex to Jackson Joyce Family Dentistry at the address listed above. Thank you in advance for your time and attention.

Patient:

Patient Address:

Patient Number:

PatientSignature: _____

Date: _____