

Clearwater Dental

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Records Release Form

I, _____ request the release of my records from
(please print)

(previous office name and location)

Release the following:

X-rays Progress Notes

Release records to: frontdesk@clearwaterdentalec.com

Signature of Patient (Parent or Guardian) _____

Date: _____

For Office Use Only

Accepted by: _____ Date: _____