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RECORDS RELEASE

Name of Patient: _____ Date: _____

I authorize the following dental office to release my records, including all chart notes, x-rays, perio exams and ledger notes to the office of Robin M. Jungblut, DDS.

Dental Office Name: _____

Address: _____

Telephone Number: _____

Print Your Name: _____

Relationship to Patient: _____

Signature: _____

Note to receiving dental office:

If your office has digital radiographs, please email them to: drjungblut@sbcglobal.net