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Patient Name: _____
Address: _____

Date of Birth: _____

I hereby grant permission to: _____

to release a copy of my:

- Treatment summary
- Most recent full mouth series or panoramic radiograph and bitewings
- Periodontal charting
- Occlusal / TMJ exam chart
- Splint therapy progress notes
- Diagnostic casts

Please forward to: Dental Health Concepts
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OR email to: smiles@dhconcepts.com

(Signature: patient, parent, guardian)

(Date)