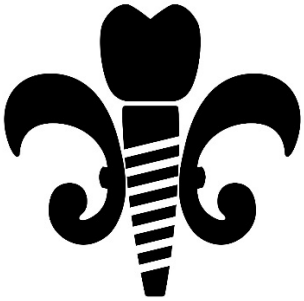

Louisville Dental Implants
11829 RANSUM DR. STE 102 | LOUISVILLE KY, 40243 | (502) 467-5268

Fax:502-409-4309
Email: triplecrowndentistry@gmail.com

Medical Record Release Request

Date:
Please send records to our office email.

Patients Name: _____

Patients Date of Birth: _____

I authorize the release of dental records and/or medical records relevant to dental treatment, or copies of such, and request that they be sent to the above dental office.

Signature:

_____
(patient/parent, guardian)

Printed Name: _____