The Graceful Smile Dental

49 E. Main St
Milan, MI 48160
Office: 734.508.7088
Fax: 734.418.9508

Email: info@thegracefulsmiledental.com
www.thegracefulsmiledental.com

Release of X-Ray and/or Dental Records

Date:

Patients Name: _____
Patient Address:_____
City:_____ State: _____ Zip Code:_____

- I authorize the release of dental x-rays and/or dental records and request that they are sent to:
  _____
  _____
- Please check here to cancel all appointments currently scheduled with The Graceful Smile Dental.
- I authorize the release of dental x-rays and/or dental records and request that they are sent to:

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Patient signature: _____ Date:_____