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Family Dentistry

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I, _____, hereby authorize Dr Newell A.
Please Print Name

Walther to release the dental records of:

Print Name of Patient/Patients

To: _____

These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to treatment.

Please indicate on line below the reason for leaving the practice.

Signature of patient or guardian

Date: _____