

RECORDS RELEASE FORM

I,	, hereby authori	, hereby authorize Dan Drake, DDS &	
I,Associates to obtain my dental records,	including x-rays fro	om:	
*Dlagga amail notion tracords	to: vrove@drd	rolza com	
*Please email patient records	io. xrays@dru	iakt.com	
My current address			
1	OOB		
Patient/Legal Guardian Signature	.ов	Date	
2-2 2 2-8			
Witness		Date	