small to tall PEDIATRIC DENTISTRY

SCOTT T. ROWLEY, D.M.D., M.S.D.
BENJAMIN D. RUDER, D.D.S.
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BOARD CERTIFIED PEDIATRIC DENTISTS

Authorization to Release Dental Records

I hereby request that a summary of dental care and/or x-rays be sent to the following dentist:

Dental Office Name and Address:

This request is valid for the child(ren) listed:

_____

Parent Name

_____ _____

Parent Signature Date