

DOUGLAS L. SCHNECK, D.D.S.  
G 5051 W. BRISTOL  
FLINT MI 48507  
810-732-5730  
FAX 810-732 5750

**RECORDS RELEASE REQUEST**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE THE RELEASE OF DENTAL RECORDS RELEVANT TO DENTAL TREATMENT  
OR COPIES OF SUCH AND REQUEST THEY BE TRANSFERRED TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT PATIENT NAME

\_\_\_\_\_  
SIGNATURE (PATIENT, PARENT, GUARDIAN)