



RECORDS OF RELEASE

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I, \_\_\_\_\_, HEREBY REQUEST THAT

DR. \_\_\_\_\_

RELEASE A COPY OF THE DENTAL RECORDS FOR:

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BE SENT TO THE OFFICE OF:

DR. MARK F. SANTANA / DR. NICK BARBON

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A PHOTOGRAPH OR FAX OF THIS RELEASE WILL BE AS EFFECTIVE AND VALID AS THE ORIGINAL WHICH RESIDES IN MY RECORD AT THE OFFICE OF DR. MARK SANTANA.

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PATIENT

OR

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PARENT, LEGAL GUARDIAN OR CUSTODIAN OF PATIENT IF PATIENT IS A MINOR OR IS INCAPABLE