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## RELEASE OF RECORDS

I \_\_\_\_\_ authorize Avenida Dental Centre to obtain any dental x-rays, and or records on my behalf from:

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

Please release x-rays and or records for family members:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_