Cooke, Richardson & Overstreet, D.D.S., P.C.
39 W. Williamsburg Road
Sandston, Virginia 23150
Telephone :(804)737-7402
Fax: (804)737-5442

Consent from Patient to Release Dental Records

I hereby consent to the release of a copy of the dental records, to include all progress notes and radiographs, for:

Patient's Name:_____

Patient's Address: _____

From the office of: Dr._____

To the office of: Dr._____
Address_____
_____

Thank you,

_____
Print Name of Patient

_____
Signature of Patient or Legal Guardian

_____
Date