



**Laxer, Long & Savage**

Specialists In Pediatric Dentistry & Orthodontics

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### Dental Records Release

I hereby authorize and request Laxer, Long & Savage to disclose and give copies to \_\_\_\_\_, of any and all records and information concerning the undersigned, which you may have in your possession, including but not limited to the following: dental records including operative records, diagnosis, dental history, findings and procedure, treatment and interviews, radiographs.

In consideration of such disclosure on the part of the above named person or institutions, I hereby release them from any and all liability arising from such disclosure.

Please forward this information to the following address:

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Printed Patient Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

Reason for transfer: \_\_\_\_\_