



Holmes Dental Associates
General & Cosmetic Dentistry
TMJ Disorders

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Release of Patient Records

I, _____ authorize the release of my dental records and any other information in my patient file.

Indicate what information you would like released. Usually radiographs less than one year old are beneficial.

- Bitewing radiographs dated: _____
- Full mouth series radiographs dated: _____
- Panoramic radiograph dated: _____
- Other: _____

I request the records be sent to:

Office/Doctor's name: _____

Address: _____

- I will take possession of my records.

X _____
Signature of patient (parent /guardian if patient is a minor)

Date