



DENTAL RELEASE

Please provide me with copies of my dental records. I understand that my actual dental records, by law belong to my dentist. I understand that the information contained in the record belong to me.

Please forward my x-rays to Dr. Jeffery Van Hook

PATIENT SIGNATURE _____ DATE _____

DATE OF BIRTH _____

Vanhookdds@aol.com

The Village Dentist
50530 Cherry Hill Rd.
Canton, Mi. 481870