Michelle L. Hasbrook, DMD

Central Dental
120 Atwater ST. N
Monmouth, OR 97361
(503) 838-2998

AUTHORIZATION TO RELEASE DENTAL RECORDS

Patient Name:_____

DOB: _____

I hereby authorize _____ to release copies of my dental records including radiographs to:

Central Dental
120 Atwater ST. N
Monmouth, OR 97361
(503) 838-2998

OR

Email to: centraldentalmonmouth@gmail.com

Signature: _____ Date: _____