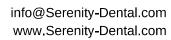
208 West 19th Avenue Gulf Shores, AL 36542 Office: 251-968-8789





## **Medical Records Release Form**

Print Name:

I authorize the release of my Serenity Dental Studio treatment medical records to the following:		
Individual or Health Care Provider Name:		
Individual or Health Care Provider Address:		
Individual or Health Care Provider Phone Nu		
Patient Signature:	Date:	