

Drake Dental
465 S Drake Rd
Kalamazoo, MI 49009
(269) 344-7222
info@ drakedental.net

Date: _____

Patient Name(s): _____

I, _____, authorize the release of all dental records for the above named patient(s)

- ☐ To Drake Dental – please forward to address or email listed above
- ☐ From Drake Dental – please forward to address or email listed below

Reason for request:

- ☐ Moved from the area
- ☐ Change in insurance
- ☐ Other: _____

Print Name

Signature