



## RECORDS RELEASE

DATE: \_\_\_\_\_

I GIVE MY PERMISSION FOR RELEASE OF ANY DENTAL RECORDS PERTAINING TO ME OR IMMEDIATE MEMBERS OF MY FAMILY TO:

BENCHMARK FAMILY DENTISTRY  
DR. TROY CLOVIS OR DR. SARAH HUNT

SIGNED \_\_\_\_\_

### FOR FAMILY MEMBERS:

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

Please email records to: [frontdesk@benchmarkdentistry.com](mailto:frontdesk@benchmarkdentistry.com)

Thank you!