

**Brighter Smiles Family Dental**  
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**Request For Release of Health Information**

I, \_\_\_\_\_, Hereby grant permission

to \_\_\_\_\_ To release information related to  
my health history, status, treatment, and copies of my radiographs to:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_