

Unique Dental Care, PLLC  
"Let Us Brighten Your Smile"

**GENERAL DENTAL RELEASE**

Please provide me with copies of all my dental records, x-rays medication sheets, interpretations of tests, and progress notes pertaining to my dental treatment.

I understand that my actual dental record, by law, belongs to my dentist.

I understand that the information contained in the record belongs to me.

I agree to accept copies of such records and to pay any fee(s) for duplication as required.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_