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## Release of Dental Records

I, \_\_\_\_\_ do hereby release  
the dental records of the following family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to have them sent to:

**Warner Center Dental Group  
6400 Canoga Avenue Suite#180  
Woodland Hills, CA 91767-2463**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Phone

\_\_\_\_\_  
Account Number

\* Please send current xrays, FMX, Pano and periodontal history  
\* Digital xrays can be emailed [wcdental@sbcglobal.net](mailto:wcdental@sbcglobal.net)