



## Release of Records

I \_\_\_\_\_ authorize Glenbrook Dental to obtain  
(First Name) (Last Name)  
any dental x-rays and records on my behalf from the following office(s):

\_\_\_\_\_  
(Name of Previous Dental Office)

\_\_\_\_\_  
(Name of Previous Dental Office)

Please also release the dental x-rays and records for the following family member(s):

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Date of Birth