

# Records Release Request

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

- Chart Notes
- X-Rays
- Perio Chart

I authorize the release of all dental records and X-rays:

Hometown Dentistry  
Dr. Edward H. Weakley  
120 Medical Court  
Clarksville, Tn 37043  
Email: office@clarksville-dentist.com

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient, Parent, or Guardian Signature \_\_\_\_\_