



Dentistry For Children, PLLC

Dr Alison M Harding DDS MS
Board Certified Pediatric Dentist

Dr Sari R Manap, DDS

I _____ (patient name)

request the release of my dental records to:

(name and address of dental office)

Signature _____ Date _____

For Office Use Only:

Date Received: _____

Date Released: _____