



Dentistry For Children. PLLC

Dr Alison M Harding DDS MS
Board Certified Pediatric Dentist

Dr Sari R Manap, DDS

I _____ (parent/guardian),
request the records of _____ (patient name),
be released to: _____

_____ (name, address & e-mail of dental office)

Relationship to patient(s) _____

Signature _____ Date _____

For Office Use Only:

Date Received: _____

Date Released: _____