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*Creating Healthy Beautiful Smiles for a Lifetime!!!*

### **Patient Records Access Request Form**

I hereby request a copy of my medical record as detailed below:

- Full medical/dental record held by this office
- Medical/Dental record for the period \_\_\_\_\_ through \_\_\_\_\_
- A specific portion/section of the record as follows:

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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