

The
Dentists on Jones Road
In the yellow house

PATIENT RECORDS RELEASE

I, the undersigned, do hereby authorize Dr. _____

to release pertinent records and xrays from the chart of:

_____ DOB _____

and remit to:

Dr. Clyde Dollens & Dr. Cher L Rich
12607 Jones Rd.
Houston, TX 77070
Phone 281 469-6281 Fax 281 469-6291

DATE _____

Patient/Parent/Guardian Signature

DATE _____

Witness