

Kirksville Dental Group

1916 North Baltimore

Kirksville, MO 63501

Phone: (660) 665-1901 Fax: (660) 665-1903

I hereby release my records to:

Doctor: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Fax: _____

My records are currently at:

Doctor: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Fax: _____

Please print patient's name and date of birth

Patient's signature if 18 or older,
otherwise guardian's signature

Signature of Witness

Today's Date

Please send the most current x-rays and records. If these documents are not available or if they aren't current, please contact our office at: (660) 665-1901. Thank you.

Richard D. Allinson, DDS Richard L. Gooch, DDS Tisha R. Kice-Briggs, DDS

