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Kenneth P. McInnis, DMD

MEDICAL/DENTAL RECORDS RELEASE FORM

I hereby authorize the release of all my medical and/or dental records to the office of Dr. Ken McInnis including but not limited to radiographs, periodontal charting, and photographs. Please email high resolution copies to: CindyT@DrKenMcInnis.com	
Cianatum	Date
Signature	Date
Printed Name	