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## Patient Records Access Request Form

I hereby request a copy of my dental records as detailed below:

**Full dental record held by this office (including radiographs)**

**Radiographs only**

**Dental records for the period** \_\_\_\_\_ **through** \_\_\_\_\_

**A specific portion/section of the record as follows:**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_