



Plaza Dental Group  
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Records@theplazadentalgroup.com

Date \_\_\_\_\_

I do hereby authorize \_\_\_\_\_ (my previous dental office) to release my dental /health records and x-rays to Plaza Dental Group in Columbia, MO. Records may be forwarded by mail, email or fax (email preferred for x-rays) to the addresses/number at the top of this page.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_