



409 W. Sixth Street, Jeffersonville, IN 47130 | (812) 288-4691 | Fax (812) 288-7178

Request for Release of Records

To: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize the release of my dental records or copies of such and request that they are transferred to:

**Brinegar Family Dentistry**  
409 W. Sixth Street, Jeffersonville, IN 47130  
(812) 288-4691 | Fax (812) 288-7178  
Email: Staff@brinegardentistry.com

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

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

Patient's Signature: \_\_\_\_\_