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# Sunnybrook Dental

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## Records Release

I authorize Sunnybrook Dental to release the following dental records to my new dental provider:

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

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

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

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

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

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

Please send these records to the following location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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