



4601 West 109th Street, Suite 110
Overland Park, KS 66211
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Release of Dental Records Request

I, _____, request that copies of my dental records and x-rays be released to Dr. Alison Jones at the following address:

**4601 West 109th Street, Suite 110
Overland Park, KS 66211**

-or-

info@alisonjonesdentistry.com

Name of Dentist/Dental Office to release records/x-ray(s): _____

Address: _____ City: _____ State _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signature of Patient

Date

Printed Name