4601 West 109th Street, Suite 110
Overland Park, KS 66211
913-491-0077 (p) 913-498-2221 (f)
www.alisonjonesdentistry.com
info@alisonjonesdentistry.com

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: _____ Email Address: _____

_____ _____
Signature of Patient Date

_____
Printed Name