



Hometown Family Dental

224 Lincoln Way E.
Massillon, OH 44646
330.833.8891

Release of Records Form

Patient's Name (print): _____

Date of Birth: _____ (for identification purposes)

What would you like us to do for you?

- I wish to get a copy of the requested records.
- I wish to have the requested records emailed, (PLEASE PRINT VERY CLEARLY!):

_____ @ _____

- I wish to have a copy of the requested records sent to:

- Name: _____

- Address: _____

Patient's Signature: _____ Date: _____

For Dental Office Use Only

Release form processed by: _____ Date: _____