

*Excellence in Restorative
& Cosmetic Dentistry*



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**Request for Release of Previous Dentist
Information**

Date: _____

I, _____, hereby grant permission to **James K. Kramer, D.M.D., P.A.**, to release information related to my health history, status, treatment and/or copies of my x-rays, health records and any test results to:

Name: _____

Address: _____

Signature: _____

(if a minor, parent or guardian must sign)

Date: _____

Email: jkdmd2@mchsi.com