



GARY A. COOPER, D.D.S

420 CHARLES G. SEIVERS BLVD. CLINTON. TN 37716

RELEASE OF RECORDS

Please provide me with copies of all of my dental treatment records, including diagnostic x-rays and any other materials, notes or copies of medications prescribed. I understand that original records and x- rays are your property. I agree to accept copies and to pay reasonable fees for such copies.

Patient Signature _____ Date _____

Witness _____