

RELEASE OF RECORDS

Date: _____

Name: _____ Date of Birth: _____

This is to authorize the release of my records. Please forward a copy of my records to:

Dr. John D. Miller D.D.S., P.A.
399 Tequesta Drive, Suite 104
Tequesta, FL - 33469

Office Phone: **(561) 746-4004**

Office Email: **jmiller@inletdentistry.com**

Patient, Parent, or Guardian Signature: _____