

CAMPBELL DENTAL GROUP

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Date: _____

I, _____

DOB: _____,

Authorize the office of

_____, to
release my dental records and all sets of x-rays Campbell Dental
Group, office of Alexa Carrara Benzell DDS.

Digital charts or x-rays should be e-mailed to
info@campbellavedental.com.

Thank you,

Signed: _____

