



RELEASE OF DENTAL RECORDS AND X-RAYS

DATE:

TO:

PLEASE FORWARD ALL DENTAL RECORDS AND X-RAYS

DR. LEON E. STANISLAV, DDS
1827 MEMORIAL DRIVE
CLARKSVILLE, TN 37043
931-648-0232, FAX 931-905-1406
INFO@DRSTANISLAV.COM

PATIENT NAME _____

DOB _____

SIGNATURE _____