

GREAT LAKES FAMILY DENTAL GROUP

GARY R. HUBBARD, DDS

Tracey B. Epley, DMD

3515 Coolidge Rd., Suite C

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DENTAL RECORDS RELEASE FORM

I, _____, am requesting that all pertinent records, including x-rays and treatment history, be forwarded to:

GREAT LAKES FAMILY DENTAL GROUP

GARY R. HUBBARD, DDS

TRACEY B. EPLEY, DMD

3515 Coolidge Rd., Suite C

East Lansing, MI 48823

Please forward the records of the following family members listed below as well:

Authorizing Signature: _____

Date: _____

E-mail Digital Radiographs to: grhubbardds@aol.com

Fax: 517-332-0810