

**Millard Dental
2331 Fargo Street
Klamath Falls, OR 97603
(541) 884-1333**

Dental Records Release

Date: _____

Patients Name: _____

Records Released to: Dr. Robert Millard
yourdentist@millarddental.com

Records Released from: _____

Patients Signature: _____

A \$25 processing fee will be charged for all film x-rays and copies of chart notes