



Dallan E. Greenhalgh, D.D.S.  
6302 Monrovia; Shawnee, KS 66216  
(913)631-2400 Office ~ (913) 631-0545 Fax

**Authorization to Release Dental Records**

I hereby authorize Dr. \_\_\_\_\_ to release photocopy of my dental records and originals or duplicates of any current x-rays to the dental office of:

Greenhalgh Family Dental  
6302 Monrovia St.  
Shawnee, KS 66216  
913-631-2400 phone  
913-631-0545 fax  
[smiles@greenhalghdental.com](mailto:smiles@greenhalghdental.com)

Patient's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_