



*Your Perfect Smile Cosmetic & Family
Dentistry*

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**NEW PATIENT
RECORDS RELEASE/REQUEST**

I hereby authorize the release of my records and request that any previous x-rays be transferred

From:

Doctor/Practice Name

Address

City

State

Zip

**To: Drs. Holt and DeVault, Your Perfect Smile Dentistry
1939 Lawrence Road, Kemah, Tx 77565**

Print Name of the Patient

Date

Patient's Signature

Your Smile Is Our Business!
Visit us at: www.Yourperfectsmiledentistry.com