



Huckabee Family Dentistry

Date _____

Request for Release of Dental Records and X-rays

I hereby request that my dental records and radiographs be released to:

Samuel Huckabee D.D.S.

Melanie Huckabee D.D.S.

4701 Logan Ave.

Kansas City, MO 64136

We also accept digital radiographs and scanned records by e-mail:

info@huckabeefamilydentistry.com

Patient Name _____

Patient DOB _____

Patient or Guardian Signature _____