**Ian M. Bever, D.D.S.**

**Bever Family Dentistry**

CONSENT TO RELEASE RECORDS

I, give my consent to

Dr. to release my records to:

Ian M. Bever, D.D.S.

512 S. Trumbull Street

Bay City, MI 48708

Phone: (989)892-7663

Fax: (989) 892-8850

Thebaycitydentist.com

I authorize medical, dental, radiographic, laboratory and any other information to be released as indicated above. I request my previous dental care provider to please forward all current radiographs including full mouth / panorex radiographs taken within the last five years and bitewing or single periapical radiographs taken within the last twelve months.

Signature of Patient or Patient’s Legal Guardian Date