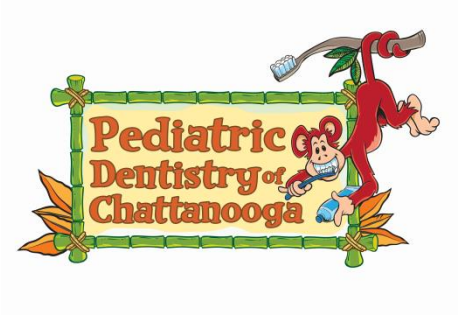

Chad Eslinger, DDS **J Wayne Newman, DDS** **Jason Blair, DDS**
150 Stuart Crossing
Cleveland, TN 37312
Phone Number: (423) 476-2160 Fax: (423)-476-2680

Date:_____

Patient Information:

First Name: _____ Last Name: _____

Date of Birth: _____

Address:_____

Records to be sent to / from (please circle one)

Dentist Name:_____

Office Phone #:_____ Fax #_____

Office Address:_____

Office Email:_____

I,_____ authorize the release of records, clinical notations and x-rays, to the listed provider address.

_____ _____

Patient name printed Guardian Signature