



**florence pediatric dentistry**

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**RECORDS RELEASE AUTHORIZATION**

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I HEREBY AUTHORIZE AND REQUEST THAT YOU RELEASE TO:

**Florence Pediatric Dentistry, PC**  
**1505-A Heritage Lane**  
**Florence, SC 29505**

THE COMPLETE DENTAL HISTORY RECORDS IN YOUR POSSESSION CONCERNING  
THE TREATMENT OF:

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ADDRESS \_\_\_\_\_  
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SIGNATURE OF PARENT/GUARDIAN

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DATE