

The  
Dentists on Jones Road  
*In the yellow house*

**PATIENT RECORDS RELEASE**

I, the undersigned, do hereby authorize Dr. \_\_\_\_\_

to release pertinent records and xrays from the chart of:

\_\_\_\_\_ DOB \_\_\_\_\_

and remit to:

Dr. Clyde Dollens & Dr. Cher L Rich  
12607 Jones Rd.  
Houston, TX 77070  
Phone 281 469-6281 Fax 281 469-6291

DATE \_\_\_\_\_

\_\_\_\_\_  
Patient/Parent/Guardian Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
Witness