



**noble**  
 PEDIATRIC DENTAL  
 Gentle Care From the Start

Dr. Jaclyn Kachurak, DDS

info@noblepediatricdental.com

(513) 514-8440

**CONSENT FOR RECORDS RELEASE**

I, \_\_\_\_\_, do hereby authorize that \_\_\_\_\_ dental  
*Responsible Party Patient(s) Name*

records be furnished to (name AND mailing address or email address):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I release you from all legal responsibility or liability that may arise from this authorization.

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

OFFICE USE:

STAFF \_\_\_\_\_