

Kevin A. Harrison, DDS, PS  
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Request for release of dental records

I, \_\_\_\_\_, request that my dental records be released and mailed, e-mailed, or faxed to Kevin A. Harrison, DDS,PS.

360-653-7654

Fax: 360-658-1070

[KevinAHarrisondds@hotmail.com](mailto:KevinAHarrisondds@hotmail.com)

Signature\_\_\_\_\_

Date\_\_\_\_\_