Bryan Cloe DDS & Patrick Kennedy DDS
1216 American Way, Suite 101 • Libertyville, IL 60048 • 847.680.1030
cloeandkennedy@gmail.com

CONSENT TO RELEASE OR REQUEST

Date: ________________

____
PATIENTS NAME

____
ADDRESS CITY STATE ZIP

____
PHONE DATE OF BIRTH

____
FAMILY MEMBERS AND DATE OF BIRTH

I give permission to Dr. Bryan Cloe and Dr. Patrick Kennedy to:

- ☐ Request my dental records
- ☐ Send my dental records

____
FORMER/NEW DENTIST NAME

____
ADDRESS CITY STATE ZIP

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PHONE NUMBER FAX NUMBER EMAIL ADDRESS

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PATIENT SIGNATURE