



3686 32nd Avenue Suite 100
Hudsonville, MI 49426
office@bohn-dental.com
www.bohn-dental.com
(616) 425-8892

Patient Dental Records Request

To: _____
Dentist

Address

Please forward a copy of my dental records to the following address:

Bohn Dental
3686 32nd Ave Ste 100
Hudsonville, MI 49426
office@bohn-dental.com

Name of Patient: _____

Date of Birth: _____

Signature of Patient or Guardian

My signature releases Dr. _____ from any laws related to disclosure of confidential or privileged information.