

**Authorization for the Release of  
Previous Dental Records**

I, \_\_\_\_\_, do hereby authorize the release of all previous dental records, chart notes, diagnostic photos and dental radiographs. Please forward these records to:

**Ousborne and Keller, D.D.S., P.A.**

**21 West Road, Suite 104**

**Towson, MD 21204-2307**

**[info@ok3dds.com](mailto:info@ok3dds.com)**

**(410) 828-1177**

**[www.ousborneandkeller.com](http://www.ousborneandkeller.com)**

Signature \_\_\_\_\_ Date \_\_\_\_\_