



11404 N Straits Hwy • Cheboygan, MI 49721 • (231) 627-4301

## Request for Release of Dental Radiographs:

**To:**

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Dentist's Name

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Address

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City, State & Zip

I hereby request that my dental radiographs and records be released to:

James R. Hanchett, D.D.S., P.C.  
11404 N. Straits Hwy.  
Cheboygan, MI 49721

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Patient's Name

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Address

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City, State & Zip

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Patient's Signature

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Date