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Edmond OK, 73034	
I give my permisson to the office of Dr. Kent Smith DDS, LLC to retrieve any previous dental records available of Yes No	on my family and myself *
I also give my permission to release my records to other Dr's, offices requiring them for futher dental procedure recommend * Yes No	lures, which we may
We may also take your picture for out patient accounts and possible publication in newspapers, magazines, etc * Yes No	
Signature	Date
	Response Date: