



Jason Baker, DDS

230 Temple St, St 1

Mason, MI 48854

Phone: 517.676.4545 Fax: 517.676.1151

## Dental Records Release Form

Patient Name to Transfer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Previous Dentist or Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please forward any current x-rays that you have on record to Jason Baker, DDS.

I hereby give you permission to release my dental records to Jason Baker, DDS.

---

Patient signature (Parent if minor)

Date

If records are digital, please email to:

**amris@mbdentalpro.com**

Or mail to:

MB Dental Solutions

Attn: Amris

230 Temple St, St 1

Mason, MI 48854