



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