

Covarrubias Family Dentistry

Date:

To: _____

(phone)

(fax)

Please release the dental records for _____, DOB _____
to Covarrubias Family Dentistry by emailing them to kristyl@micdds.com or by
mailing them to:

Covarrubias Family Dentistry
3003 W. Dickman Rd
Springfield, MI 49037

Thank You,