

**John Withers, D.D.S.  
3201 Teasley Ln, ste 101  
Denton, Tx 76210**

**AUTHORIZATION FOR RELEASE OF RECORDS.**

**I \_\_\_\_\_ hereby authorize Dr. John Withers, D.D.S. To  
release my medical/dental information regarding dental appointments, billing data  
and all dental records if needed.**

**Signed : \_\_\_\_\_**

**Dated: \_\_\_\_\_**

**People ok to release this information to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_