



**KAREN NATION, D.M.D
DENTISTRY**

**13819 English Villa Drive
Louisville, KY 40245
(502) 244-6886**

Dental Records Release Form

I give permission to Dr. Karen Nation to obtain my dental radiographs and records as needed for treatment.

(Printed Name of Patient)

(Patient's Date of Birth)

(Signature of Patient or Parent/Guardian)

(Date)