kuna smiles

943 N. Linder Road Suite 101
Kuna, ID 83634

RECORDS RELEASE

Date: _____

I give my permission for release of any dental records pertaining to me or any of my immediate family members to:

Kuna Smiles
943 Linder Road Suite 101
Kuna, ID 83634

Phone 208-922-2000
Fax 208-296-5300

Signed: _____

For Family Members

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Please email records to: info@kunasmiles.com

Thank you!