Kristopher Chilcutt, D.D.S.
John Steuterman, Jr. D.D.S.
777 South New Ballas Road
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Authority to Release Dental Records

Re:
DOB:

I authorize the release to Kristopher Chilcutt, D.D.S. /John G. Steuterman, Jr. D.D.S., any dental records and treatment(s) render by Dr.
By return mail.

Please include all radiographs and written/typed/printed patient records.

Signature of patient: _____
Date: _____

Please send all information requested to Dr. Kristopher Chilcutt/Dr. John G. Steuterman, Jr. office.