

**Phillip C. Yancho, D.D.S.**

Cosmetic & Family Dentistry

Phillip C. Yancho, D.D.S.  
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(231) 941-2201

In order to transfer your dental records, we must have your written permission. Please fill out the following form completely, sign, and return to the dental office in which your previous records are held.

**RELEASE FORM**

Patient Name: \_\_\_\_\_

- Please cancel all of my future appointments.
- I understand that I am responsible for any outstanding balance on my account.
- I authorize the release and transfer of my dental records to the office of Dr. Phillip C. Yancho.
  - Please email my current records to: [scheduling@yanchodentistry.com](mailto:scheduling@yanchodentistry.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_