



**Playtime Dental**  
1145 Aspira Ct  
Mansfield OH 44906  
www.playtimedental.com

**Jackson Cockley DDS**  
General Dentist  
Ph: 419.774.PLAY (7529)  
Email: contact@playtimedental.com

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
do authorize the release of dental records and x-rays of my child to the following office:

\_\_\_\_\_  
(Name of office and/or doctor)

\_\_\_\_\_  
(Address of office)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Witness)

State of Ohio  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ (name of signer) proved to me on the basis of  
satisfactory evidence to be the person who appeared before me.

\_\_\_\_\_  
(Notary Public)

My commission expires on \_\_\_\_\_.

If this form is signed in our office, a notary public is not required.