

Release Of Dental Records

Please forward dental records and x-rays
for _____

to

Straits Area Dental
7700 S. Highway US 31
P.O. Box 232
Alanson, MI 49706

or

Straits Area Dental
230 W Central Ave
P.O. Box 854
Mackinaw City, MI 49701

Email: info@straitsareadental.com

Signature

Date