## Gregory S. Brya, DDS, PLLC

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4780 Okemos Road | Suite #1 • Okemos, MI 48864

drbrya@drbrya.com (517)381-8181

··	Record Releas	e / Access Form: To Our Offi	ce	
Patient Name:	<u> </u>			Preferred Name
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Records to Release/Acce	Treatment Information			
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I authorize the release of de	ental radiographs and treatment records to	<b>)</b> :		
Gregory S. Brya, DDS, PLLC				
4780 Okemos Road, #1				
Okemos, MI 48864 Please email to: drbrya@drt	brya.com			
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Signature of patient, parent	t or guardian (responsible party):			_
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