

**Drs. Shepherd & Henley
Family Dentistry
110 Pocahontas Trail
Georgetown, KY 40324
502-863-4651
LREDMONOM@AOL.COM**

Medical Records Release

I _____ request that my records, including recent x-rays, be sent to Drs. Shepherd & Henley.

Name:

DOB:

Name of previous dentist _____