

# Rodney C. Hill, D.D.S.

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DENTAL ARTS CENTER  
211 WEST NINTH STREET  
CASPER WYOMING 82601  
307-265-3111

I \_\_\_\_\_, give the office of  
\_\_\_\_\_ consent for release of my/our dental  
records to the following provider:

Rodney C Hill DDS, P.C.  
211 W. 9<sup>th</sup> St.  
Casper, WY 82601  
Email: office@rodneychilldds.com

Please forward clinical notes and radiographs with date taken to the email  
address listed above.

\_\_\_\_\_ (print name)  
\_\_\_\_\_ (signature)  
\_\_\_\_\_ (date)