

Shoal Creek Dental Care

R. Bradley Gaik, DDS
Larinda Hlavacek, DDS
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You may email x-rays to:

eileenr@shoalcreekdentalcare.com
shellyb@shoalcreekdentalcare.com

I, _____ give the office of Dr. _____
permission to forward dental records, including all x-rays, to the office of
Dr. Gaik and Dr. Hlavacek. Listed below are the names and birthdates of all
family members included in this request.

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Signature _____ Date _____