



# Preference Dental

David J. Hosking DDS

Douglas S. Killian DDS

I, \_\_\_\_\_ give permission to \_\_\_\_\_  
\_\_\_\_\_ to release my records to the dental practice

stated above. They may be mailed to:

Preference Dental  
P.O. Box 236  
Mecosta, MI 49332  
231-972-7104

or email digital records to:  
[mecosta@preferencedental.com](mailto:mecosta@preferencedental.com)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date