

Melanie Pugh D.M.D P.A  
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## NON DENTIST-OF-RECORD RELEASE FORM

Melanie Pugh D.M.D P.A

I am seeking treatment for an sleep orthotic appliance only. I understand that I am not a dental patient-of-record with Dr. Melanie Pugh DMD PA.

The importance of regular dental care has been explained to me and I understand that I will be responsible for providing my preventative or emergency dental needs. At this time, I chose to have my routine and necessary dental care completed at another office.

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Patient Name (please print)

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Patient Signature

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Date