

PENINSULA COSMETIC & FAMILY DENTISTRY

538 SAVANNAH HIGHWAY • CHARLESTON, SC 29407 • (843)722-1676

RECORDS RELEASE FORM

PATIENT NAME: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

ADDRESS: _____

REASON(S) FOR REQUEST: _____

Please complete the appropriate box below:

_____ *X-Rays Only*

_____ *Full Clinical Record*

<p>I authorize,</p> <p>_____</p> <p>CURRENT/PREVIOUS DENTIST</p> <p>at _____</p> <p>ADDRESS OR PHONE NUMBER FOR ABOVE DENTAL OFFICE</p> <p>to release the records of the patients listed above to Peninsula Cosmetic & Family Dentistry. Digital x-rays can be emailed to :</p> <p>peninsuladentistry@gmail.com</p> <p>_____</p> <p>PATIENT OR GUARDIAN SIGNATURE DATE</p>	<p>I authorize Peninsula Cosmetic & Family Dentistry to release the records of the patients listed above to:</p> <p>_____</p> <p>RECEIVING ENTITY</p> <p>_____</p> <p>PHONE OR FAX NUMBER FOR ENTITY</p> <p>_____</p> <p>MAILING ADDRESS OR EMAIL FOR ENTITY</p> <p>_____</p> <p>PATIENT OR GUARDIAN SIGNATURE DATE</p>
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