

Release of Dental Records

**Lexington Smiles
Dr. Erin Cassilly
123 S Randolph St.
Lexington, VA 24450
Phone: (540)458-0410**

Patient Name: _____

Patient DOB: _____

I hereby authorize you to release my information or records regarding my dental treatment to Dr. Erin Cassilly's office, Lexington Smiles at info@lexingtonvasmiles.com Please send any current x-rays or any information that would be helpful in my dental treatment.

Thank you for your cooperation.

Additional Family Members Listed Below:

Patient, Parent or Guardian signature

Date