



DOUGLASS FAMILY DENTISTRY
101 Wall Street Fayetteville, North Carolina 28301
(910) 323- 8254

DENTAL RECORDS RELEASE FORM

By signing this form, I authorize you to release confidential health information about myself or my child including a copy of my dental records to Douglass Family Dentistry.

Patient name: _____ Date of Birth: _____

Signature: _____ Date: _____

Relationship to Patient: _____

The information you may release subject to this signed release form is as follows:
Dental x-rays, treatment records, progress notes and health information related to my dental care.

Please securely email dental records or copies of the records to:

douglasdentist@hotmail.com
or access secure messaging at www.douglasdentistry.com