



SUNSET DENTAL

688 SUNSET BLVD N

SUNSET BEACH NC 28468

910-575-6300 (PHONE) 910-575-6311 (FAX)

PATIENT RECORD RELEASE FORM

Name of Person Whose Records Are Requested: _____

DOB: _____

Phone Number: _____

PLEASE PROVIDE A COPY OF RECORD MARKED BELOW

_____ XRAYS

_____ A SPECIFIC DENTAL RECORD IF AVAILABLE

PLEASE EMAIL RECORDS TO : SUNSETDENTAL@ATMC.NET

Previous Dentist Information:

Name of Previous Dentist: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

SIGNATURE OF PATIENT

DATE

910-575-6300