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Sunset Beach, NC 28468
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Sunsetdental@atmc.net

PATIENT RECORD RELEASE FORM

Name of patient whose records are requested:

DOB: _____

Patient Phone Number: _____

PLEASE PROVIDE A COPY OF RECORD MARKED BELOW

_____ X-RAYS

_____ SPECIFIC DENTAL RECORD IF AVAILABLE

PREVIOUS DENTIST INFORMATION:

Name: _____

Address: _____

Telephone # _____ Fax # _____

Email: _____

PLEASE EMAIL RECORDS TO SUNSETDENTAL@ATMC.NET

Signature of patient

Date