

X-RAY AND RECORDS RELEASE FORM

Date: _____

PATIENT: _____ DOB _____

Request from (previous doctor): _____

Address:

Please forward to:

Patrick Lawrence DDS
Shanup Gundecha DMD
431 Keisler Dr. Suite 200
Cary, NC 27518
919-859-1330 phone 919-859-3301 fax

Email xrays@carycosmeticdentist.com

I hereby authorize you to release all x-rays and pertinent chart information.

Signature _____ Date _____