

X-RAY AND RECORDS RELEASE FORMS

Date: _____

Dr. _____
(Dentist you are requesting x-rays from)

Address: _____

I hereby authorize you to release all dental x-rays and pertinent chart information for:

Name: _____ DOB: _____

Address: _____

Please forward to:

TrueCare Dentistry
Patrick Lawrence DDS
Nicole Cucchi DDS
431 Keisler Drive Suite 200
Cary, N.C. 27518

919 859-1330
919 859-3301 fax
xrays@truecaredentistrync.com

Signature: _____
(Patient or authorized representative)