

It's A Small World

2680 Highway 34 E, Suite A - Newnan GA 30265 - 770-502-9733

Request for Release of Records

Date: _____

I hereby authorize the release of my dental records or copies of such and request that they are transferred to:

To (Doctor or Hospital): _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Name: _____

Date of Records: _____

Patient's Signature: _____