

A Confident Smile

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Dental Records Release Form

I am writing to inform that we have seen _____
(DOB: _____) in our office and are requesting records from your office
so that we can better further their dental needs. If you have on file, we request
that you send us:

_____ 1. Radiographs

_____ a. Bitewings

_____ b. Panoramic X-ray

_____ c. Intraoral-Periapical-1st fil

_____ 2. Clinical Notes

_____ 3. Other: _____

Name of Dental Practice: _____

Address: _____

Telephone Number: _____

Email Address: _____

Fax Number: _____

I, (print patient name or guardian name) _____ authorize
the office listed on this form to release my records to A Confident Smile.

Patient Signature (or guardian if patient is a minor)

Staff member at A Confident Smile

You can send records by mail, fax, or email. Thank you for your
cooperation!