



1064-B Seven Lakes Drive, West End, NC 27376
www.sevenlakesdentist.com
(910)673-6030 (phone) * (910)673-6031 (fax)

RECORDS RELEASE REQUEST FOR TREATMENT PURPOSES

To (Doctor): _____

Phone: _____

I authorize the release of dental records and medical records relevant to dental treatment or copies of such and request that they are transferred to:

Seven Lakes Family Dentistry
1064-B Seven Lakes Drive, West End, NC 27376
Email to: Leslie@sevenlakesdentist.com

Signature of patient, parent or guardian

Date

Please print name of patient, parent or guardian

Relationship to patient

***Please send the most recent periodontal charting, bitewings, panorex, and full mouth series, no matter how old.