

Authorization for the Release of Dental X-Rays and Records

Please release current x-rays and records for the following patient(s):

Patient Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To the following practice

Richard M. Holmes, D.M.D., P.A.

4612 W. Highway 74, Suite D

Monroe, NC 28110

(704)289-8366-phone#

(704)261-0449-fax#

Email xrays to: drholmesdmd@mail4Dr.com

Thank you,

Printed name: _____

Signature: _____ Date _____