

# Smith Family & Cosmetic Dentistry

## X-ray & Records Release

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I authorize \_\_\_\_\_ to release my dental records, x-rays, or other requested information check marked below to Smith Family & Cosmetic Dentistry.

Phone number to dental office that currently has x-rays: \_\_\_\_\_

Fax number to dental office that currently has x-rays: \_\_\_\_\_

Please forward requested information to Smith Family & Cosmetic Dentistry via E-mail at [sneadsferry@yourcarolinadentist.com](mailto:sneadsferry@yourcarolinadentist.com), [surfcity@yourcarolinadentist.com](mailto:surfcity@yourcarolinadentist.com), [jacksonville@yourcarolinadentist.com](mailto:jacksonville@yourcarolinadentist.com), [hampstead@yourcarolinadentist.com](mailto:hampstead@yourcarolinadentist.com), [portersneck@yourcarolinadentist.com](mailto:portersneck@yourcarolinadentist.com), [goldsboro@yourcarolinadentist.com](mailto:goldsboro@yourcarolinadentist.com), [wilmington@yourcarolinadentist.com](mailto:wilmington@yourcarolinadentist.com)

Information to be released:

Treatment Records       Radiographs (x-Rays)       Treatment Plan  
 Prescription Records       Treatment Notes       Photos

Patient Name(s) / Birth Date(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_