

Arden Family Dentistry

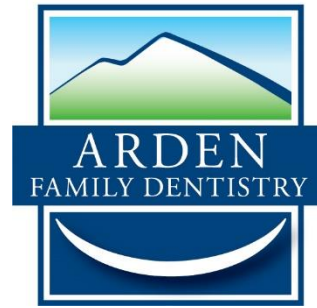
2159 Hendersonville Rd.

Suite 10

Arden, NC 28704

☎: (828) 676-0065 ☎: (828) 676-1070

✉ Email: office@ardenfamilydentistry.com



AUTHORIZATION TO RELEASE DENTAL RECORDS

PLEASE COMPLETE ALL SECTIONS, DATE AND SIGN.

Patient Information:

Name of Patient: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

I authorize, _____, to release the following information:

Entire Record

Financial Records

Office Visit Notes

Xrays

Entity or person who will receive the information:

Name: Arden Family Dentistry

Address: 2159 Hendersonville Road Suite 10

City, State, Zip Code: Arden, NC 28704 Phone: 828-676-0065

Email Address: Office@Ardenfamilydentistry.com

This authorization will be in effect until the information has been forwarded or up to 90 days whichever comes first.

Signature of Patient or Personal Representative

Date