Authorization for Release of Dental Records

1274 Ribaut Road
Beaufort, SC 29902
Phone: (843)524-6363; Fax: (843)522-9735
www.beaufortfamilydentistry.com
info@beaufortfamilydentistry.com

Beaufort Family Dentistry will gladly duplicate x-rays for our patients. Please fill out the questionnaire below:

No longer seek dental treatment at **Beaufort Family Dentistry** due to: (please check)

_____A) location / convenience
_____B) moving
_____C) hours/scheduling
_____D) insurance/ financial
_____E) Second opinion
_____F) other: _____

Please release copies of X-rays for the following patients:

_____ _____

_____ _____

To:

Doctor Name/or Patient: _____ Address: _____

E-mail address: _____ Phone no: _____

Thank you for allowing **Beaufort Family Dentistry** to administer your dental care.

By my signature I authorize release of dental records.

_____ _____

Patient/Guardian Signature Date