



North Asheville Family Dentistry

674 Merrimon Ave. Suite 230

Asheville, NC 28804

☎: (828) 774-5777 📠: (828) 774-5723

✉ Email: office@northashevillefamilydentistry.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: _____

North Asheville Family Dentistry may release the following information:

- Entire Record Financial Records Office Visit Notes Xrays

List the entity or person who will receive the information:

Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

Email Address: _____

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