



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: _____

I authorize, (Name of office that has records) _____, to release the following information:

Entire Record

Financial Records

Office Visit Notes

Xrays

Entity or person who will receive the information:

Name: North Asheville Family Dentistry

Address: 674 Merrimon Ave. Suite 230

City, State, Zip Code: Asheville, NC 28804

Phone: 828-774-5777 **Fax:** 828-774-5723

Email Address: office@northashevillefamilydentistry.com

Signature of Patient or Personal Representative

Date