

Beavers Family Dentistry
619 W. Chatham Street
Apex, NC 27502
Ph: 919-362-0967
Fx: 919-355-1551
staff@beaversfamilydentistry.com

I give _____ D.D.S. authorization to release:

___ Dental records- including recent x-rays (less than 3 years old) and dates of crowns, bridgework, partials, etc, and all missing teeth with the dates of extraction if available.

___ Medical information

Receiving Doctor:

Name: _____

Address: _____

Phone: _____

Email: _____

Patient:	Name	Date of Birth
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Signed: _____ Date: _____
(Patient or Guardian)

Please print name: _____