

OTERO COSMETIC AND IMPLANT DENTISTRY

Authorization to Release Dental Records

I, the below named patient, request dental records as noted to be released to:

Via Mail: Otero Cosmetic & Implant Dentistry
14057 US Hwy 17N Suite 120
Hampstead, NC 28443

Via Fax: 910-319-6193

Via Email: info@smilewilmington.com (Preferred Method)

Patient Name: _____

Date of Birth: _____

I request copies of the following Dental Records:

_____ Most recent Dental Records and X-rays

_____ Current X-rays only (Pano/FMX within 5 years, and BW/PA films within 1 year)

_____ Other

Records requested from:

Dentist Name: _____

Address: _____

Phone Number: _____

Signature: _____ Relationship: _____

Parent or Guardian must sign if requesting for minor)

Printed Name: _____ Date: _____