

Chatham Dental Arts  
587 Old Graham Road  
PO Box 582  
Pittsboro, NC  
27312

X-Ray                      Records Release Form

Date: \_\_\_\_\_

Dr. \_\_\_\_\_

(Dentist you are requesting X-rays and dental records from.)

I hereby authorize you to release all dental radiographs and/or dental records for:

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(Patient's First and Last Name)

Please forward all materials to:

Chatham Dental Arts  
587 Old Graham Road  
PO Box 582  
Pittsboro, NC  
27312

Email: info@chathamdentalarts.com

Fax: (919)542-5714

Phone: (919)542-4911