



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

Radiograph and 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:

(Patient's First and Last Name)

Thank you!