



(704)948-1300 (PHONE)

(704)659-4179 (FAX)

RECORDS RELEASE FORM

Date of Request: _____ Name of Patient(s): _____

I hereby authorize the release of dental records and request they
Be transferred.

To: JC Duncan DDS PA
215 Gilead Road
Suite 300
Huntersville, NC 28078

Patient Signature: _____

X-Rays can be emailed to info@lakenormandental.com