

DDS FAGD
Jc DUNCAN

GENERAL DENTISTRY

(704) 948-1300 (PHONE)

(704) 948-1969 (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: **J. C. Duncan D.D.S.**

Address: **P. O. Box 2848
Huntersville, NC 28078**

Patient Signature: _____

X-rays can be emailed to: info@lakenormandental.com