

RECORDS RELEASE FOR TREATMENT PURPOSES

To:

I authorize the release of dental records and medical records relevant to dental treatment, or copies of such, and request they be transferred to:

Timothy D. Sims
52 Glen Road, Suite 104
Garner NC 27529
Phone-919-773-3050
Fax 919-773-1207
E-Mail- simsdds@yahoo.com

Signature of Patient

Date

Please print name of patient

Such records may include, but is not limited to, x-rays, treatment notes, models, prescriptions, and dental history.