Dan K. Dube, DMD, PA

Authorization for Release of Dental Records

Instructions:
Please complete form so your previous dentist can release your records. You may send directly to them or return to us.

Previous Dentist's Name and Phone #: ________________________________

I hereby authorize you to furnish a copy of all dental records, including all progress notes and radiographs pertaining to ____(Patient's Name) to the office of Dan K Dube, DMD.

I release you from all legal responsibility or liability that may arise from this authorization. Thank you.

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Signature of Patient, Parent or Legal Guardian / Date

Records can be sent to us at: dankdube3@yahoo.com
or

5653 Carolina Beach Dr., Suite C1
Wilmington, NC 28412
(910)791-0986