



WILKES PUBLIC HEALTH
DENTAL CLINIC

1915 West Park Drive, Suite 104
North Wilkesboro, NC 28659

Children's Clinic: 903-9399
Adult Clinic: 903-7300
Mobile Clinic : 903-7303
Clinic Fax: 903-0464

RELEASE OF DENTAL RADIOGRAPHS AND RECORDS FOR REFERRALS

I, _____, have requested that the Wilkes Public Health Dental Clinic
(Patient or Legal Guardian of Child)

release to the dentist listed below my or my child's radiographs and any other records need for evaluation and treatment:

(List What Records You Want Release, i.e. most current radiographs)

We try to process each referral and records within 2 weeks. However, this office complies with the North Carolina Rule requiring records be released to a patient or another office within 30 days of the request date.

I understand that copies of records released with the first request will be at no charge. However, there will be a \$10.00 fee for any additional request(s) for Release of Records to cover expenses.

NAME OF PATIENT _____ DATE OF BIRTH _____

SIGNATURE OF PATIENT/LEGAL GUARDIAN _____ DATE _____

REASONS FOR THE REQUEST _____

NAME OF INDIVIDUAL OR DENTIST TO RELEASE RECORDS TO:

OFFICE USE

DOCUMENTS RELEASED, STAFF INITIALS, AND DATE:

ADDRESS OR E-MAIL RECORDS SENT TO:

