

Gamboa Family Dentistry

2207 Evans Street, Suite B
Greenville, NC 27834
(252) 353-5225

Dental Records Release Authorization

Date: _____

Patient Name: _____

DOB: _____

Phone Number: _____

Please send records to:

Gamboa Family Dentistry
2207 Evans Street, Suite B
Greenville, NC 27834
(252) 353-5225
gamboafamilydentistry@gmail.com

Previous Dental Practice:

Please remit in digital format or paper format of diagnostic quality:

- Most recent bitewing series
- Most recent panoramic x-ray
- Any and all periapical x-rays within the last 12 months

I _____ hereby authorize the release of the above-mentioned records to Gamboa Family Dentistry.

Patient/Legal Guardian Signature

Date