

**X-RAY AND RECORDS RELEASE FORM**

Date: \_\_\_\_\_

PATIENT: \_\_\_\_\_ DOB \_\_\_\_\_

Request from (previous doctor): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please forward to:

Patrick Lawrence DDS  
Shanup Gundecha DMD  
431 Keisler Dr. Suite 200  
Cary, NC 27518  
919-859-1330 phone 919-859-3301 fax

Email [xrays@carycosmeticdentist.com](mailto:xrays@carycosmeticdentist.com)

I hereby authorize you to release all x-rays and pertinent chart information.

Signature \_\_\_\_\_ Date \_\_\_\_\_