



Family, Cosmetic, Implant & General Dentistry
20816 N Main Street, Suite 202 Cornelius, NC 28031
704-987-8700 nc.dentist@yahoo.com

Dental Records Release

Name _____ Date of Birth _____

Additional Family Members:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Daytime Phone Number _____ Today's Date _____

Please send Dental Records to:

**Daniel Skotzko DDS.
20816 N. Main St. Suite 202
Cornelius, NC 28031**

Email: nc.dentist@yahoo.com

I request that Dr. _____ release my dental x-rays to the above office.

Signature

Date

In compliance with HPPA, patient's records are always confidential.