

Southport Dental
621 - A Fodale Avenue
Southport, NC 28461
910-457-5026
Fax: 910-457-6207
Email: southportdental19@yahoo.com

DUPLICATION OF RECORDS AND RELEASE REQUEST FROM

Date of Request: _____

Patient Name: _____

Patient Birth Date: _____

Send Records to: Southport Dental
621-A Fodale Avenue
Southport, NC 28461
southportdental19@yahoo.com

Date needed by: _____

Patient Signature: _____

If you have digital x-rays please email them with date of x-rays that were taken.

Thank you for your help.

FOR OFFICE USE:

Previous Dentist Name: _____

Previous Dentist telephone #: _____

Previous Dentist Fax # _____

FMX _____ BW _____ LAST PCV _____