

Records Release Request Form

I,

(date of birth)

Hereby authorize the office of

To release dental x-rays or copies of such as follows:
Bitewings and periapical x-rays taken within the past year, panoramic or full
mouth series taken within the past 5 years to the following office:

Cornerstone Dental Associates
Kendalyn Lutz-Craver, DDS, PA
Sara H. Karner, DDS
101 Life Enrichment Blvd
Shelby, NC 28150

Signature of Patient:

Date: May 12, 2016