

Dental Record & Radiograph Release Form

If you would like x-rays transferred from another office, please fill out the bottom of this form and mail or fax to: _____ your previous dentist. This will authorize them to duplicate your records. At your first visit with us, x-rays will be taken if we have not received them from your previous dentist.

Please send any current radiographs or pertinent dental information to:

Drew Hines, D.M.D.
319 S. Sharon Amity Rd. #102
Charlotte NC 28211
704-366-3526
hinesdentistry@gmail.com

Name: _____ Date of Birth: _____

Address: _____

City State Zip Code : _____

(Print Name)

(Date)

(Signature) (parent, if minor)

Please note: My appointment at Hines Dentistry is on:

Please be sure my records arrive prior to then.

Thank you