

Authorization for Release of Dental Records



1720 Old Trolley Road
Summerville, SC 29485
Phone: 843-871-6351

www.hightidedentistry.com
info@smilesbyandrews.com

High Tide Dentistry will gladly duplicate x-rays for our patients. Please fill out the questionnaire below:

No longer seek dental treatment at High Tide Dentistry due to: (please check)

- _____ A) location / convenience
- _____ B) moving
- _____ C) hours/scheduling
- _____ D) insurance/ financial
- _____ E) Second opinion
- _____ F) other: _____

Please release copies of X-rays for the following patients:

_____	_____
_____	_____

To:
Doctor Name/or Patient: _____ Address: _____

Ee mail address: _____ Phone no: _____

Thank you for allowing High Tide Dentistry to administer your dental care.

By my signature I authorize release of dental records.

Patient/Guardian Signature

Date