

Patient/Guardian - Please complete this form and mail/fax to your previous dentist – Thank you!

Request for release of dental records

*Jason E. Martin, DDS
118 Professional Park Dr
Locust, NC 28097*

www.jmartindental.com

Phone: 704-781-0500 * Fax: 704-781-0555

I, _____, hereby grant permission to
(Print patient name)

_____ to release information related to my dental health, which may include, but not limited to:

Copy of Dental X-Rays
Treatment Records/Notes

****For digital x-rays please email to: info@jmartindental.com**

Dr's office personnel: please return this form and records directly to:

Jason E. Martin, DDS
118 Professional Park Dr
Locust, NC 28097

Signature: _____ Date: _____
(If patient is a minor, parent or guardian must sign)