Patrick M. Michel
3314 Healy Dr,
Suite 101
Winston-Salem, NC 27103
(336) 768-3314
(336) 768-3329*Fax

AUTHORIZATION TO RELEASE DENTAL RECORDS

(Please Print)

Patient's Name:______________Middle Initial:______Last Name:_________________

Guardian Name (if patient is a minor):____

Patient's Date of Birth:________________

Patient's Mailing Address:____
____

Patient's Phone Number:_________________

I request and authorize:____________________to release my dental information to:

Dr. Patrick Michel, DMD, PA
3314 Healy Drive, Suite 101
Winston-Salem, NC 27103
(336) 768-3314

Patient/Guardian Signature:____

Digital Films can be e-mailed to: debbie@patrickmmicheldmd.com