

Katherine E. Garrett, DDS, PA
9051 Strickland Road
Suite 131
Raleigh, NC 27615
(919) 845-4955
Fax: (919) 845-4989

Records Release Consent Form

Date: _____

I, _____, hereby authorize the release of my dental records and xrays to the following person(s):

Signature: _____

** Please list any other family members whose records are to be released: