Philip D. Wright, DMD, PLLC 701 Exposition Place Suite 210 Raleigh, NC 27615 (919) 845-4955 Fax: (919) 845-4989

Records Release Consent Form

Date: _____

1, ______ 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: