

I (we) do hereby authorize _____

to release copies of dental x-rays of the person(s) named below to

Morse & Doyle, DDS, PA

Complete the information below. If the records are for a minor or if you are a guardian for a patient then the parent or guardian should sign the request. Each patient 18 years and older is required to sign for transfer of their records.

<u>Name</u>	<u>Date of Birth</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send records to:

Morse & Doyle, DDS, PA

633 Hopkins Road

Kernersville, NC 27284

Office # 336-996-4400/fax# 336-996-4401

Please email digital x-rays to: **appointments@morsedoyle.com**