Drs. Turner & Butler, DMD, PA
Dba: CROASDAILE DENTAL ARTS
2900 Croasdaile Dr, Ste 5
Durham, NC 27705
info@croasdailedentalarts.com
919-383-7402 office
866-383-3748 fax

CONSENT FOR RELEASE OF DENTAL RECORDS

Patient Name:

_____

Address:

_____

_____

_____

Date of birth:

_____

I hereby authorize and request the release of my dental records to Croasdaile Dental Arts.

Please send records to info@croasdailedentalarts.com if possible. Otherwise, please send the records to the office address listed above.

_____

Patient/Guardian Signature **Date**

Updated 07/29/2019