

RECORDS RELEASE

To:

I hereby authorize the dentist listed above to release my records (x-rays, perio history, and any other helpful information) to India Hook Dental Care. Please send to:

Email: records@indiahookdental.com

Mail: India Hook Dental Care
1144 India Hook Road, Suite E
Rock Hill, SC 29732

Patient Name:

Patient DOB:

Signature of Authorization:

Relationship to Patient:
