REED SPEARS, D.D.S., P.A.

912 COLLEGE STREET

OXFORD, NC 27565

919-693-7999

RECORDS RELEASE FORM

Date_____

I authorize the office of Dr._____ to release the dental records of: _____

To: Dr. Reed Spears, D.D.S., P.A.
912 College Street
Oxford, NC 27565

Email: info@oxforddds.com

Please include all associated relevant clinical notes, charting, radiographs and treatment plans.

Patient Signature_____