



**Wells Family Dentistry**

8450 Louisburg Rd., Suite 130  
Raleigh, NC 27616  
Office: (919)266-5332 Fax: (919)266-5389  
www.wellsfamilydental.com

**CONSENT FOR RELEASE OF DENTAL RECORDS**

Patient Name:

---

Date of Birth:

---

I, \_\_\_\_\_, do hereby consent to and authorize Wells Family Dentistry to disclose information including current and previous records from the other practices and practitioners, hospitals and/or clinics which are a part of my dental record to the following:

---

---

---

---

Patient Signature

---

Parent or Guardian Signature

---

Date