JESSE C. BRADFORD, D.D.S., P.L.L.C.

GENERAL & FAMILY DENTISTRY

Medical Records Release Authorization

I hereby authorize Dr. _____ to release copies of my treatment records (exams, diagnosis, and treatment) and any copies of radiographs to Jesse C. Bradford, D.D.S., P.L.L.C.

I understand that these records and x-rays may be used for treatment purposes or for claims processing and/or benefit disbursement.

Please forward all information to the party listed below:

Jesse C. Bradford, D.D.S., P.L.L.C.
319 S. Sharon Amity Road, Suite 100
Charlotte, NC 28211
Telephone: 704-364-8685
Fax: 704-364-8632
Email: info@bradforddentistry.com

Patient Name: _____

_____ _____

Patient Signature Date

_____ _____

Parent/Guardian Signature (if patient is a minor) Date

Revised 08/04/2014